		IRS E-file Signature Authorization	OMB No. 1545-0047
Form 8879-TE		for a Tax Exempt Entity	0000
	For calendar year	2023, or fiscal year beginning and ending Do not send to the IRS. Keep for your records.	2023
Department of the Treasury nternal Revenue Service		Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN	54601
INTERNATIONAL	CONSORTI	UM FOR HEALTH 46-08	54621
lame and title of officer-erpe	reen subject to tax	resident and CEO	
Jennifer Z	· · · · · · · · · · · ·	- Information	
		this form 8879. TE and enter the applicable amount, if any,	from the return. For
		dollars and cents. For all other forms, enter where can being filed with this form was blank and the amount on that line for the return being filed with this form was blank hever is applicable, blank (do not enter -0-). But, if you entered -0- on the return	
b, 4b, 5b, 6b, 7b, 8b, oplicable line below. Do r	9b, or 10b, which	there are line in Part I	
			2,591,513
1a Form 990 check he		D I Otal revenue, il ally (i offit coo, i alt thij contait in a	
2a Form 990-EZ check 3a Form 1120-POL ch		b Total tax (Form 1120-POL, line 22)	
		b Tax based on investment income (Form 990-PF, Part V, line 5) 4D	
4a Form 990-PF check 1 5a Form 8868 check 1		b Balance due (Form 8868, line 3c)	
6a Form 990-T check		b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check h	nere	b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check h	nere	b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a Form 5330 check h		b Tax due (Form 5330, Part II, line 19)	
Da Form 8038-CP che	ckhere	b Amount of credit payment requested (Form Scorer; Fortin, more any	
art II Declaration	n and Signatur	I am an officer of the above entity or I am a person subject to tax with read that I have examined a solution of the above entity or	spect to (name
entity)		in the base of my knowledge and belief, they are true	, correct, and
23 electronic return and	accompanying so	the dules and statements, and, to the best of my interest of the electronic return. I consent to in Part I above is the amount shown on the copy of the electronic return. I consent to electronic return originator (ERO) to send the return to the IRS and to receive from to a set of the return of the return to the IRS and to receive from the set of the	o allow my
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knowledgement of recei e date of any refund. If a irect debit) entry to the f turn, and the financial in 888-353-4537 no later t occessing of the electron e payment. I have select ectronic funds withdrawa N: check one box only X I authorize on the tax year 2 agency(ies) regul return's disclosure As an officer or field return. If I h othe IRS Fed/St Part III Certificatii ERO's EFIN/PIN. Enter yo number (EFIN) followed b I certify that the above am submitting this retur Providers for Business Re ERO's signature	pt or reason for re- applicable, I author inancial institution istitution to debit th han 2 business da ic payment of taxe ted a personal ider al. <u>BDO USA</u> ERC 2023 electronically ating charities as a consent screen. person subject to ave indicated with ate progrem, I will electron on and Authorn our six-digit electron y your five-digit self numeric entry is numeric turns. PAUL HA	generation of the datastinisation, (b) its designated Financial Agent to initiate an electronic furnicities the U.S. Treasury and its designated Financial Agent to initiate an electronic furnicities the U.S. Treasury Financial institutions is to receive confidential information necessary to answer inquiries and resolve issues to receive confidential information necessary to answer inquiries and resolve issues to receive confidential information necessary to answer inquiries and resolve issues to receive confidential information necessary to answer inquiries and resolve issues to receive confidential information necessary to answer inquiries and resolve issues to receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues at receive confidential information necessary to answer inquiries and resolve issues and resolve is a set of the return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) enter my PIN of the return's disclosure consent screen. Multication Totation Totatio	efund, and (c) nds withdrawal owed on this ancial Agent at involved in the es related to the consent to
knowledgement of recei e date of any refund. If a irect debit) entry to the f hurn, and the financial in 888-353-4537 no later to ocessing of the electron e payment. I have select ectronic funds withdrawa N: check one box only I authorize on the tax year 2 agency(ies) regular return's disclosure As an officer or field return. If I h othe IRS Fed/St high at the IRS Fed/St Part III Certification FRO's EFIN/PIN. Enter you humber (EFIN) followed b I certify that the above am submitting this reture Providers for Business Re ERO's signature	pt or reason for re- applicable, I author inancial institution istitution to debit th han 2 business da ic payment of taxe ted a personal ider al. <u>BDO USA</u> ERC 2023 electronically ating charities as a consent screen. person subject to ave indicated with ate progrem, I will electron on and Authorn our six-digit electron y your five-digit self numeric entry is numeric turns. PAUL HA	Initiation Image: Second S	efund, and (c) nds withdrawal cowed on this ancial Agent at involved in the es related to the consent to 7 1 as my signatu nbers, but all zeros is being filed with a D to enter my PIN or ax year 2023 electror regulating charities at 14, 2024 red above. I confirm to a for Authorized IRS 024

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest i	nformation.	Inspection				
			ndar year, or tax year beginning and ending						
			C Name of organization INTERNATIONAL CONSORTIUM FOR HEALTH	D Em	ployer identification number				
в	Check if a	applicable:	OUTCOMES MEASUREMENT, INC.						
	Addre	ss change	Doing business as	46-	-0854621				
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite E Tel	E Telephone number				
	Initial	return	(6)	17)714-3294					
	Final I	return/terminated	399 BOYLSTON STREET, 6TH FLOOR City or town, state or province, country, and ZIP or foreign postal code		oss receipts \$				
	Amen	ded return	BOSTON, MA 02116		2,591,513.				
	Applic		F Name and address of principal officer: JENNIFER BRIGHT	H(a) Is this a group					
			399 BOYLSTON STREET, 6TH FLOOR, BOSTON, MA 02116	subordinates? H(b) Are all subordi					
ī	Tax-ex	kempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		h a list. See instructions.				
J	Webs	•	W.ICHOM.ORG	H(c) Group exem	ption number				
ĸ				formation: 2012 M					
	Part I	Summ							
	1		cribe the organization's mission or most significant activities: TO DEFINE A G	LOBAL STANDA	RD SET OF				
e		•	E MEASURES THAT REALLY MATTER TO PATIENTS FOR THE M						
anc			L CONDITIONS AND DRIVE ADOPTION OF THESE MEASURES S						
Governance	2	Check this			its not assots				
Š	3		voting members of the governing body (Part VI, line 1a)		3 6				
			independent voting members of the governing body (Part VI, line 1a)		4 4				
ies	5		per of individuals employed in calendar year 2023 (Part V, line 2a)		5 7				
Activities &	6				6 4				
Act	0		per of volunteers (estimate if necessary)						
	10		ated business revenue from Part VIII, column (C), line 12		7a NONE				
		inet unrela	ted business taxable income from Form 990-T, Part I, line 11	Prior Year	7b NONE Current Year				
		Contributio	no and grants (Dart)/III line (1h)	2,075,77					
Ine	8		ns and grants (Part VIII, line 1h)						
Revenue	9		ervice revenue (Part VIII, line 2g)	383,76					
Re			t income (Part VIII, column (A), lines 3, 4, and 7d)		ONE NONE				
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	345,80					
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,805,34					
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		ONE NONE				
	14		aid to or for members (Part IX, column (A), line 4)		ONE NONE				
ses	15	-	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	742,76					
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)	N	ONE NONE				
EXE	b		aising expenses (Part IX, column (D), line 25) NONE		1 200 000				
			enses (Part IX, column (A), lines 11a-11d, 11f-24e)	749,54					
	18	•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,492,31					
- 0	<mark>,</mark> 19	Revenue le	ess expenses. Subtract line 18 from line 12	1,313,02					
Net Assets or Fund Balances	5			Beginning of Current					
sse	20		s (Part X, line 16)	608,78					
Pd B	21		ties (Part X, line 26)	93,39					
			or fund balances. Subtract line 21 from line 20	515,38	34. 575,059.				
	art II	U U	ure Block						
			jury, I declare that I have examined this return, including accompanying schedules and statem lete. Declaration of preparer (other than officer) is based on all information of which preparer has		f my knowledge and belief, it is				
Si	gn	Signature o	officer	Date					
	ere	•	ER BRIGHT PRESIDENT/CEO						
			t name and title						

	<i>,</i> , ,													
	Print/Type prepar	er's name		Prepare	er's signature			Date	Check	if	PTIN			
Paid Preparer	PAUL HAMM	IERSCHMIDT		PAUL	HAMMER	SCHMIDT		11/14/202	4 self-en	nployed	P01	38417	8	
Use Only	Firm's name	BDO USA							Firm's EIN		13-5	38159	0	
	Firm's address	200 PARK	AVENUE	38TH	FLOOR NE	W YORK,	NY	10166	Phone no.		212-	885-8	000	
May the IRS discuss this return with the preparer shown above? See instructions											No			
For Paper	For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)													

For	m 990 (2023) Page 2
Ρ	art 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
4	services?
-	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 \$ including grants of \$ NONE) (Revenue \$, 592,631.)
	SEE SCHEDULE O
4b	(Code:) (Expenses \$655,334. including grants of \$) (Revenue \$613,878.)
	CONFERENCE - ICHOM CONTINUES TO BE THE LEADING ORGANIZATION IN
	TERMS OF CONVENING MULTI-NATIONAL LEARNING COMMUNITIES TO
	DEMONSTRATE THE IMPACT OF STANDARDIZED OUTCOME MEASUREMENT. IN
	2023, ICHOM HELD THEIR SECOND LARGEST IN-PERSON VALUE-BASED HEALTH
	CARE CONFERENCE CONVENING 600 INDIVIDUALS FROM 46 COUNTRIES,
	PARTICIPATING IN SEMINARS AND WORKSHOPS
	PARTICIPATING IN SEMINARS AND WORKSHOPS
40	(Code:) (Expenses \$ 316,668. including grants of \$) (Revenue \$ 385,004.)
	SET DEVELOPMENT - THE CORE OF ICHOM'S WORK IS THE DEVELOPMENT OF
	ICHOM SETS OF PATIENT-CENTERED OUTCOME MEASURES. ICHOM CONVENES
	GLOBAL PATIENT, CLINICAL, MEASUREMENT, AND RESEARCH LEADERS TO
	DEFINE OUTCOMES MOST IMPORTANT TO PATIENTS AND DEVELOP
	CONSENSUS-BASED MEASURE SETS. ICHOM FACILIATES A 12-18 MONTH LONG
	PROCESS TO DEFINE EACH SET OF OUTCOMES. IN 2023 ICHOM LAUNCHED
	XXX, AS WELL AS STARTED THE GROUND-BREAKING DEVELOPMENT OF THE
	OBESITY SET. ANOTHER CONTINUATION IN ICHOM'S WORK HAS BEEN
	UPDATING PREVIOUSLY PUBLISHED SETS, WORK NECESSARY TO KEEP THE
	SETS RELEVANT AND FUNCTIONAL IN CLINICAL SETTINGS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

-	90 (2023)		F	Page 3
Part	V Checklist of Required Schedules		Vee	
	In the experimetion dependence $E(1/2)$ or $10.17(2)(4)$ (other then a private foundation)? If ")(22.11)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	A	x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			- 21
•	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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
9	<i>complete Schedule D, Part III</i> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
9	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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		Х
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
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			37
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11d 11e		X X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ITE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		37
47	assistance to 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	47		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Part VIII, lines 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?			- 22
15	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Page	3
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			Yes	No
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 Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,	27		X
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<i></i>	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 on Schedule O for Part VI, lines 11b and			
D -1	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	. No
4 -	Enter the number reported in her 2 of Form 1006. Enter 0 if not applicable		1 85	NU
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a2Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1bNONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA				(2023)
3E1030	1.000			,)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country UNITED KINGDOM			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		v
	and services provided to the payor?	7a 7b		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
Ь	required to file Form 8282?	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	13a		
а	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.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	90 (2023)		F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			Χ
Jeci	ion A. Governing body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year $ 1a $			
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	x	
	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	х	
a h	The governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on 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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 on 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	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10		
	with a 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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedMA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (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 <i>(explain on Schedule O)</i>	T (sec	tion 5	01(c)
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	raet n	oliov
19	and financial statements available to the public during the tax year.	5 inte	ισοι μ	oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and recor JENNIFER BRIGHT 399 BOYLSTON STREET, 6TH FLOOR BOSTON, MA 02116	ds.		
JSA	617-714-3294	Form	990	(2023)
3E1042	2.000			

Page 7

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	<i>.</i>			sition			(D)	(E)	(F)
Name and title	Average	`				e than c		Reportable	Reportable	Estimated amount
	hours per week	box, unless person is both a officer and a director/trustee						compensation from the	compensation from related	of other compensation
	(list any				-		,	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mple	Former	1099-MISC/	1099-MISC/	organization and
	related	idua ectc	utior	P	lqm	est c	er	1099-NEC)	1099-NEC)	related organizations
	organizations below	r trus	nal ti		oyee	mp				
	dotted line)	stee	ruste			ens				
			ě			Highest compensated employee				
(1) NEO TAPELA	40.00	-								
CHIEF SCIENTIFIC OFFICER	NONE					Х		157,353.	NONE	18,106.
(2) GREG ROBINSON	30.00	-								
CHIEF TECHNOLOGY OFFICER	NONE					X		173,450.	NONE	NONE
(3) BEN CORDLE	40.00	-								
CHIEF MARKETING OFFICER	NONE					X		130,609.	NONE	21,796.
(4) JENNIFER BRIGHT	40.00	-								
PRESIDENT (EFF. 06/2023)	NONE	Х		Х				146,825.	NONE	NONE
(5) STEFAN LARSSON, MD, PHD	12.00	-								
CHAIRMAN	NONE	Х		Х				88,354.	NONE	NONE
(6) MARTIN INGVAR	1.00	-								
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(7) JAMIE HEYWOOD	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) DAPHNE PSACHAROPOULOS	1.00	-								
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(9) MARY WITKOWSKI	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
<u>(10)</u>										
(11)										
<u>.</u>										
(12)		-								
(13)										
(14)										

JSA

Form 990 (2023)

Form	990	(2023)	
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Ра	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	byee	es,	and H	Highest Compensated Employees (continued)						
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatio relate organizat (W-2/1099-	on from d tions	Est am comp frc orga and	(F) timated ount of other bensation m the anization related nization	on n 1
									606 501				2.0	
С	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A							696,591. NONE 696,591.		NONE NONE NONE			902. NONE 902.
	Total number of individuals (including but not l reportable compensation from the organization	limited to t						o re		\$100,000 d	of			
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	60,0	00?	lf	"Yes	s," (complete Schedu	le J for a	such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	uni	related organizatio	on or indivi	dual	5		X
	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompens	ation	

Form 990 (2023	3)
Part VIII	

Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	'111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in 1a	<u> </u>				
an Co	h	lines 1a-1f		NONE			
-			Business Code	NONE			
8	20	DISSEMINATION	541900	1,592,631.	1,592,631.		
Program Service Revenue	2a b	CONFERENCE	541900	613,878.	613,878.		
Se	c b	SET DEVELOPMENT	541900	385,004.	385,004.		
am	d						
2gr	e						
Pre	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,591,513.			
	3	Investment income (including dividends, other similar amounts)	interest, and	NONE			
	4	Income from investment of tax-exempt bonc		NONE			
	5	Royalties		NONE			
	_		(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b	NON				
	с	Rental income or (loss) 6c NON		NONT			
	d	Net rental income or (loss)	(ii) Other	NONE			
	7a						
a	b	other than inventory 7a Less: cost or other basis					
Revenue	c	and sales expenses 7b Gain or (loss) 7c					
_	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
õ	•••	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory.		NONE			
snc			Business Code				
nec	11a						
Miscellaneous Revenue	b						
Re	c d	All other revenue					
Ξ	d		L				

NONE

2,591,513.

2,591,513.

. .

12

Total revenue. See instructions

e Total. Add lines 11a-11d

NONE

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).

	not include amounts reported on lines 6b, 7b, 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	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
	Compensation of current officers, directors, trustees, and key employees	235,179.	144,635.	90,544.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	1,197,864.	736,687.	461,177.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,670.	7,792.	4,878.	
9	Other employee benefits	85,212.	52,405.	32,807.	
10	Payroll taxes	42,219.	25,965.	16,254.	
11	Fees for services (nonemployees):				
â	Management	NONE			
k	• Legal	4,868.	2,994.	1,874.	
0	Accounting	93,878.	57,735.	36,143.	
c	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
	f Investment management fees	NONE			
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	63,052.	38,777.	24,275.	
12	Advertising and promotion	42,783.	26,311.	16,472.	
13	Office expenses	35,067.	21,566.	13,501.	
14	Information technology	61,221.	37,651.	23,570.	
15	Royalties	NONE			
16	Occupancy	577.	355.	222.	
17		27,662.	17,012.	10,650.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	723,958.	445,234.	278,724.	
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23		18,234.	11,214.	7,020.	
24					
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	RECRUITMENT FEES	113,333.	69,700.	43,633.	
k	OTHER EXPENSES	86,845.	53,410.	33,435.	
C	PROGRAM EXPENSES	58,491.	35,972.	22,519.	
c	i				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,903,113.	1,785,415.	1,117,698.	NON
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)				

Form 990 (2023)

Part	X Balance Sheet	-+ V		
	Check if Schedule O contains a response or note to any line in this Pa		<u></u>	
		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing	110,050.	1	544,286
	2 Savings and temporary cash investments	NONE	2	NON
	3 Pledges and grants receivable, net	380,000.	3	86,985
	4 Accounts receivable, net	NONE	4	NON
	5 Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
	6 Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
S	7 Notes and loans receivable, net	NONE	7	NON
Assets	8 Inventories for sale or use	NONE	8	NON
B	9 Prepaid expenses and deferred charges	94,989.	9	205,218
1	0 a Land, buildings, and equipment: cost or other			· · · · · · · · · · · · · · · · · · ·
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b	NONE	10c	
1		NONE		NON
1		NONE		NON
1:		NONE		NON
1		NONE		NON
1		23,741.	15	NON
1		608,780.		836,489
1		93,396.	17	261,430
1		NONE		NON
1		NONE		NON
2		NONE		NON
2		NONE		NON
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
<u>2</u>		NONE		NON
2		NONE		NON
2				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
2		93,396.		261,430
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			,
	-	515,384.	27	575,059
2		NONE		NON
or Fund Balances	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
			29	
S 3			30	
Assets			31	
		515,384.	32	575,059
10 3 3 3		608,780.	33	836,489

Form 990 (2023)

Form 99	00 (2023)				Paç	je 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>513</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9	03,	<u>113</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		-3	11,	<u>600</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5	15,	<u>384</u> .
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		3	66,	<u>732</u> .
9	Other changes in net assets or fund balances (explain on Schedule O).	9			4,	<u>543</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5	75,	<u>059</u> .
Part						_
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
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 con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	-				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?	•••	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits		3b	000	
				⊢orm	990	2023)

SCHEDULE	A
(Form 990)	

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection				
Nam	e of the organization \square	I INTERNATIC	NAL CONSORTI	UM FOR HEALTH			Employer identifi	
	TCOMES MEASUR						46-0	854621
Ра	rt I Reason fo	or Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	IS.
The	organization is not	a private fou	ndation because it	t is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
1	A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		-	-	rganization described				
4	A medical res	earch organiz	zation operated in	conjunction with a hose	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's nam	-						
5		-	for the benefit of Complete Part II.)	a college or universit	ty ownee	d or ope	erated by a governme	ental unit described in
6	A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	An organization	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
	described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9	An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
	or university o	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
	university:							
10	receipts from support from acquired by th	activities rela gross investme organizatio	ited to its exempt f nent income and u on after June 30, 1	functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete		n 331/3 % of its
11	·	•		usively to test for public	•			ry out the nurneses of
12		-	-	-	-			ry out the purposes of ction 509(a)(3). Check
			-			-	and complete lines 1	
_		-					-	-
а			-		-		orted organization(s),	
		-		te Part IV, Sections A		ajonty of	the directors or truste	
h						with ite	supported organization	on(c) by boying
b							is that control or man	
		-		, Sections A and C.	ine sam	e persor		age the supported
с			-		ated in c	onnectio	n with, and functional	lly integrated with
U		-		ns). You must comple				
d		-					ection with its suppor	ted organization(s)
u		-			-		oution requirement and	- · ·
				omplete Part IV, Sect	-		-	
е			,	•			hat it is a Type I, Type I	I. Type III
		-		ionally integrated sup				
f	-	-						
g	Provide the follow	ving information	on about the suppo	orted organization(s).				
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
(~)								
(B)								
(C)								
(D)								
(E)								
Tota	al							
For	Paperwork Reductio	n Act Notice, s	see the Instructions	for Form 990 or 990-EZ.			S	

Schedule A (Form 990) 2023

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	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1	Γ	1	Γ	1
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2023 (lin				•	14	%
15	Public support percentage from 2022						%
16a	331/3% support test - 2023. If the org						
	box and stop here . The organization qu						
D	331/3% support test - 2022. If the org						
170	this box and stop here. The organization 10%-facts-and-circumstances test - 2	-		-			
17a	10% or more, and if the organization		-				
	Part VI how the organization meets						
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
U	15 is 10% or more, and if the organiz		-				
	in Part VI how the organization meets					-	-
	organization			•	•		
18	Private foundation. If the organizatio						
10	instructions						
							••••

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

Sec	tion A. Public Support	,		,		/	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(4) = 0 = 0	(0) = 0 = 0	(4) = 0 = 1	(0) = 0 = 0	(1) 1 0101
•	received. (Do not include any "unusual grants.")	741,657.	500,000.	1,393,789.	2,075,771.	NONE	4,711,217.
2	Gross receipts from admissions, merchandise	/41,057.	500,000.	1,353,105.	2,015,111.	NONE	4,/11,21/.
2	sold or services performed, or facilities						
	•						
	furnished in any activity that is related to the	0 610 550	1 111 050				
_	organization's tax-exempt purpose	2,610,553.	1,411,863.	1,210,030.	383,760.	2,591,513.	8,207,719.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	3,352,210.	1,911,863.	2,603,819.	2,459,531.	2,591,513.	12,918,936.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						NONE
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						NONE
с	Add lines 7a and 7b.						NONE
8	Public support. (Subtract line 7c from						
	line 6.)						12,918,936.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6.	3,352,210.	1,911,863.	2,603,819.	2,459,531.	2,591,513.	12,918,936.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources	782.	125.	284.	NONE	NONE	1,191.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						NONE
с	Add lines 10a and 10b	782.	125.	284.	NONE	NONE	1,191.
11	Net income from unrelated business						
	activities not included on line 10b. whether						
	or not the business is regularly carried on.						NONE
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE	NONE	NONE	NONE	345,809.	NONE	345,809.
13	Total support. (Add lines 9, 10c, 11,	-	-	-	,	_	
	and 12.)	3,352,992.	1,911,988.	2,604,103.	2,805,340.	2,591,513.	13,265,936.
14	First 5 years. If the Form 990 is for						
	organization, check this box and stop here .	0	,		,		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2023 (line 8,			nn (f))		15	97.38%
16	Public support percentage from 2022 Sche					16	NONE%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2023 (lir			3, column (f))		17	0.01%
18	Investment income percentage from 2022					18	NONE%
	331/3% support tests - 2023. If the or						
	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2022. If the orga	-	•	•			
5	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
JSA				,, 0,			(Form 990) 2023
3E122	11.000 8859VQ 702V 11/14/2024 14	1:38:14 V23	8-7.6F				19
		V V V V V V V V V V V					

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **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

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedu	le A (Form 990) 2023		F	Page 5
Part	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Sect	on B. Type I Supporting Organizations			
			Vac	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>
---	---

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.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
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 governmental entity (se	e instr	uction	s).
•	A . (*	the Test Assess free or end of the law		Yes	No
2	ACTIV	ities Test. Answer lines 2a and 2b below.			

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **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.*

2a

2b

3a

1

2

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art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizetion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions)	g trust on	Nov. 20, 1970 (expla	ons A through E. (B) Current Year (optional)
ection A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions)	1 2 3 4 5 6 7	(A) Prior Year	(B) Current Year (optional)
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions)	2 3 4 5 6 7	(A) Prior Year	
Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions)	3 4 5 6 7	(A) Prior Year	
Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions)	4 5 6 7	(A) Prior Year	
Depreciation and depletion 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) Other expenses (see instructions)	5 6 7	(A) Prior Year	
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) Other expenses (see instructions)	6 7	(A) Prior Year	
of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	7	(A) Prior Year	
		(A) Prior Year	
	8	(A) Prior Year	
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ection B - Minimum Asset Amount			(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
o Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

(Contraction)	le A (Form 990) 2023				Page 7
Part		Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4.				
 5					
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
7	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
 	Excess from 2020				
	Excess from 2020				
 d	Excess from 2022				
e	Excess from 2022				
e					

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

TOTALS	NONE	NONE	NONE	345,809.	NONE	345,809.	
OTHER INCOME	NONE	NONE	NONE	345,809.	NONE	345,809.	
	2017	2020	2021	2022	1010	1011112	
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL	
SCHEDULE A, PART III - OTHER IN	COME						

SCHEDULE F	Statement of Activities Outside the United St	14b, 15, or 16. 2023 ation. Open to Public Inspection Employer identification number 46-0854621 if the organization answered "Yes" of of its grants and in criteria used to	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service Name of the organization INTER OUTCOMES MEASUREME Part I General Info Form 990, Part 1 For grantmakers. Depart	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15	, or 16.	2023
	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Pered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ttach to Form 990. 0 for instructions and the latest information. R HEALTH Employer identification number 46-0854621 e the United States. Complete if the organization answered "Yes" cords to substantiate the amount of its grants and	
Name of the organization IN	FERNATIONAL CONSORTIUM FOR HEALTH	Employer identi	fication number
OUTCOMES MEASURE	MENT, INC.	46-0854	621
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	e organizatior	answered "Yes" on
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	Yes No

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	1	13	PROGRAM SERVICES	ADMIN & RESOURCES	1,974,784.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
11)					
12)					
(13)					
(14)					
(15)					
16)					
(17)					
 Subtotal Total from continuation sheets to Part I 	1	13.			1,974,784.
c Totals (add lines 3a and 3b)	1.	13.			1,974,784.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 3E1274 1.000

Schedule F (Form 990) 2023 Page	÷ 2
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99	0,

	Part IV, line 15, for any r	ecipient who receive	ved more than \$5,000. I	Part II can be	duplicated if additi	onal space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities.

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Schedule F (Form 990) 2023

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				Image: Section of the section of th	Image: Section of the section of th	disbursementassistanceassistanceassistanceImage: Second seco

Schedule F (Form 990) 2023

Page 3

Schedule F (Form 990) 2023

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	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 the 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? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2023

SCH	EDULE J	Compen	sation Information	c	MB No. 1	545-0	047
(Forn	n 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	7 7)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2:	3.	ZU	<u>ZJ</u>	<u> </u>
	nent of the Treasury	l l l l l l l l l l l l l l l l l l l	Attach to Form 990.		Open to		
	Revenue Service of the organization	,	90 for instructions and the latest information.	Employer identificatio	Inspe		n
		INTERNATIONAL CONSORTIU	IM FOR HEALTH				
Part		UREMENT, INC. ns Regarding Compensation		46-085462	1		
Faru	Questio	ns regarding compensation				Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
	Travel fo	or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
ь	If any of the	have an line to are checked did th	a argonization follow a written policy re	a a ratio a la cuma a st			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to			
	explain		· · · · · · · · · · · · · · · · · · ·		1b		
2	-		to reimbursing or allowing expenses	-			
		-	D/Executive Director, regarding the items	checked on line			
	1a?				2		<u> </u>
3			on used to establish the compensation of				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
		isation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study				
		00 of other organizations	X Approval by the board or compensation	tion committee			
4	organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filling			
а			ayment?		4a		
b			tal nonqualified retirement plan?		4b		
С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.			
	-		rganizations must complete lines 5-9.				
5			ion A, line 1a, did the organization pa	ly or accrue any			
		n contingent on the revenues of:					
					5a		<u> </u>
b	-	-			5b		<u> </u>
~		e 5a or 5b, describe in Part III.	ion A line to did the experimetion no				
6	-	n contingent on the net earnings of:	ion A, line 1a, did the organization pa	ly of accrue any			
а		.			6a		
b					6b		<u> </u>
	-	e 6a or 6b, describe in Part III.			55		
7			on A, line 1a, did the organization prov	ide any nonfixed			
'			escribe in Part III		7		
8			paid or accrued pursuant to a contract the				
			Regulations section 53.4958-4(a)(3)? If				
					8		
9			low the rebuttable presumption proced				
			<u> </u>		9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Sched	lule J (Fo	rm 99	0) 2023

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NEO TAPELA	(i)	157,353.	NONE	NONE	1,643.	16,463.	175,459.	NONE
1 CHIEF SCIENTIFIC OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GREG ROBINSON	(i)	173,450.	NONE	NONE	NONE	NONE	173,450.	NONE
2 CHIEF TECHNOLOGY OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BEN CORDLE	(i)	130,609.	NONE	NONE	1,643.	20,153.	152,405.	NONE
3 CHIEF MARKETING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
<u>··</u>	(i)							
15	(ii)							
14								
	(i)							

Schedule J (Form 990) 2023

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Internal Revenue Service	ww.irs.gov/form990.	Inspection	
Name of the organization		Employer ident	ification number
INTERNATIONAL CONS	SORTIUM FOR HEALTH	46-085	4621

FORM 990, PART I, LINE 1:

WORLDWIDE TO UNLOCK THE POTENTIAL OF VALUE-BASED HEALTH CARE.

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

THE INITIAL MEMBERSHIP OF THE ORGANIZATION MUST AT A MINIMUM CONSIST 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 FOR THE ELECTION OF DIRECTORS.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO ITS FILING. THE FORM 990 IS THEN AUTHORIZED AND SIGNED BY THE ORGANIZATION'S PRESIDENT.

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL CONSORTIUM FOR HEALTH

Employer identification number

46-0854621

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 MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PROCEDURES TO OBTAIN COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL BE ESTABLISHED.

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

ICHOM BOARD MEMBERS HIRED AN EXTERNAL SEARCH FIRM TO RECRUIT AND ESTABLISH COMPENSATION FOR THE PRESIDENT ROLE, WHICH INVOLVED COMPARABILITY STUDY, REVIEW AND APPROVAL BY BOARD DIRECTORS, AND DELIBERATION DURING BOARD MEETINGS AND OFFER OF EMPLOYMENT. IN ADDITION, ICHOM HAS UNDERTAKEN A COMPANY-WIDE SALARY REVIEW PROCESS IN 2023 TO REVIEW COMPENSATION OF ALL SENIOR LEADERSHIP AND STAFF. THE RESULTS ARE REVIEWED WITH BOARD MEMBERS AND FURTHER POLICIES AND ACTIONS IS PUT IN PLACE. THIS REVIEW USES EXTERNAL THIRD-PARTY CONSULTANTS TO CONDUCT A COMPARABILITY STUDY ACROSS ALL SALARY CATEGORIES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL CONSORTIUM FOR HEALTH

Employer identification number

FORM 990, PART XI, LINE 9:

FOREIGN EXCHANGE GAIN\$ 4,543

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

DISSEMINATION - ICHOM IS COMMITTED TO DRIVING THE USE OF THESE RESOURCES TO SCALE UP PATIENT-CENTERED MEASUREMENT AND CARE TRANSFORMATION. ONCE DEVELOPED, ICHOM AND ITS PARTNERS INVEST IN PRESENTING THESE PUBLIC GOOD RESOURCES AS OPEN-ACCESS TOOLS, IN THE FORM OF PDF IMPLEMENTATION GUIDES AND OPEN-ACCESS SCIENTIFIC PUBLICATIONS. IN ORDER TO DRIVE THE ADOPTION OF THESE MEASURES, ICHOM ALSO OFFERS ENHANCED IMPLEMENTATION SUPPORT, INCLUDING IT-READY MEASURES MAPPED FOR INTEROPERABILITY STANDARDS, AN ACCREDITATION PROGRAM INCLUDING CERTIFICATION, AND LEARNING MODELS. ICHOM SETS ARE INTEROPERABLE WITH JSON, SNOMED, LOINC AND FHIR (FAST HEALTHCARE INTEROPERABILITY RESOURCES). THIS KEY DEVELOPMENT ENSURES THAT SETS ARE AS USUABLE AS POSSIBLE IN HEALTHCARE SYSTEMS WORLDWIDE. FHIR INTEROPERABILITY ENSURES THAT DATA FROM DISPARATE SOURCES IS COMPATIBLE AND USABLE, AND WILL MAKE THE COLLECTION AND ANALYSIS OF ICHOM SET DATA MUCH EASIER AND FASTER. ICHOM ALSO CONTINUES TO PROVIDE IMPLEMENTATION SUPPORT, TRAINING MATERIALS, AND CERTIFIES INSTITUTIONS SUCCESSFULLY USING OUTCOMES DATA TO DRIVE QUALITY IMPROVEMENT EFFORTS.

Form 8858			n of U.S. Perso tities (FDEs) an		•	•		OMB No. 1545-1910
(Rev. September 202 Department of the Treas Internal Revenue Service	ury Information fu	ırnished f	nov/Form8858 for instr or the FDE's or FB's ar)1 / 2023 ,		period (see instr	uctions)		Attachment Sequence No. 140
Name of person filing				<u> </u>	, ,	<u> </u>	Filer's	identifying number
	ONAL CONSORTIU			ddress)			46-	-0854621
	,	H FLC						
City or town, state, ar	•	<u></u>						
BOSTON			MA 021	.16				
Filer's tax year beginr	•			, and ending				
	l in all applicable lines S. dollars unless otherw			ation must be	in English. A	ll amoun	ts mus	t be stated in
Check here	FDE of a U.S. person	100 1110	FDE of a controlled	foreign corporation ((CFC)	FDE of a	a controlle	ed foreign partnership
-	FB of a U.S. person		FB of a CFC	0		FB of a of	controlled	foreign partnership
Check here	Initial 8858	Fina	al 8858			I		
Ia Name and addre	ss of FDE or FB ICHOM UK					b(1) U.S	. identifyi	ng number, if any
2 VERIDON W	AY, THE ENGINE HO	USE						
ERITH	KENT		DA18	3 4AL				number (see instructions
UNITED KING	DOM ry(ies) under whose laws organize	d and antit	u tuna undar lagal tay law		d Date(s) of or	-	OMUK	ctive date as FDE
C FOIFDE, Counti	glies) under wildse laws organize	eu anu entit	y type under local tax law			ganization	e Liie	clive date as FDE
					09/26/	2014		
	r a U.S. tax treaty were claimed w DE or FB, enter the treaty and arti		to g Country in which activity is conduct		h Principal bus activity	siness	i Fur	nctional currency
2 Provide the follo	owing information for the FDE's o	r FB's accou	unting period stated above.					
the United States	and identifying number of branc s	n onice or a	gent (ii any) in	with custody		records of the		if applicable) of person(s) FB, and the location of
B For the tax own	er of the FDE or FB (if different	from the file	er), provide the following (se	ee instructions):				
a Name and addre	SS				unting period cove		eturn (see	instructions)
					fying number, if an	у		
				c(2) Reference	ID number (see in:	structions)		
				d Country unde	er whose laws orga	nized	e Fur	actional currency
4 For the direct ov	wner of the FDE or FB (if differe	nt from the	tax owner), provide the fol	lowing (see instructi	ons):			
a Name and addre	SS			b Country unde	er whose laws orga	anized		
				c U.S. identifyir	ng number, if any		d Fur	actional currency
ownership betw	izational chart that identifies the een the tax owner and the FDE of t interest. See instructions.							

For Paperwork Reduction Act Notice, see the separate instructions.

Form 8858 (Rev. 9-2021)

Form 8858 (Rev. 9-2021)

Income Statement (see instructions) Schedule C

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM). If you are using the average exchange rate (determined under section 989(b)), check the following box

-			Functional Currency	U.S. Dollar
1	Gross receipts or sales (net of returns and allowances)	1		
2	Cost of goods sold			
3	Gross profit (subtract line 2 from line 1)	3		
4	Dividends	4		
5	Interest	5		
6	Gross rents, royalties, and license fees	6		
7	Gross income from performance of services	7		
8	Foreign currency gain (loss)	8		
9	Other income	9		
10	Total income (add lines 3 through 9)	10		
11	Total deductions (exclude income tax expense)	11		
12	Income tax expense	12		
13	Other adjustments	13		
14	Net income (loss) per books	14		

Schedule C-1 Section 987 Gain or Loss Information

	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional recip	stated in currency of
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re-	espec	t to remittances		
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the	netho	d used prior to		
	the change and new method of accounting				
	Hele Balance Chest				

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	1		
2	Other assets	2		
3	Total assets	3		
	Liabilities and Owner's Equity			
4	Liabilities	4		
5	Owner's equity	5		
6	Total liabilities and owner's equity	6		

Sche	edule G	Other Information		
			Yes	No
1	During t	ne tax year, did the FDE or FB own an interest in any trust?		
2		he tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
3		only if the FDE made its election to be treated as disregarded from its owner during the tax year. ax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4	•	he tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under 001(m)?		
5		he tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign	axes that were previously suspended under section 909 as no longer suspended?	0050	

Form 8858 (Rev. 9-2021)

Form 885	8 (Rev. 9-2021)		Page 3
Sche	dule G Other Information (continued)		
		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers o	f	
	FBs and FDEs.		
_			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	base erosion payment under section $59A(d)$ or have a base erosion tax benefit under section $59A(c)(2)$ from		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b	·	
L	and 7c		
b			
с 8а	Enter the total amount of the base erosion tax benefit \$ During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
Ua	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c.		
b	Enter the total amount of the base erosion payments \$		
≂ c	Enter the total amount of the base erosion tax benefit \$		
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between	1	
	the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FE	1 1	
	acted as a manufacturing, selling, or purchasing branch?		
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a	2	
	U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is	\$	
	treated as a U.S. corporation solely for purposes of these questions.		
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not	:	
	part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have)	
	a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		
L	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c \ldots		
b	Enter the amount of the dual consolidated loss for the combined separate unit . ► \$ () Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
С	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S		
120	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? It		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d	1 1	
с	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated	1	
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable income	5	
	("cumulative register") as of the beginning of the tax year ► \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		
h	part of a combined separate unit, in any prior tax years? If "Yes," enter the total amount of recapture		
	dule H Current Earnings and Profits or Taxable Income (see instructions)		
	ant: Enter the amounts on lines 1 through 6 in functional currency.		
1	Current year net income (loss) per foreign books of account		
2	Total net additions		
3	Total net subtractions		
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3)		
5	DASTM gain (loss) (if applicable)		
6	Combine lines 4 and 5		
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average		
	exchange rate determined under section 989(b) and the related regulations (see instructions))		
8	Enter exchange rate used for line 7	0050	
JSA	Fo	rm 8858 (R	ev. 9-2021)

13/	•		
			_

Form 8858 (Rev. 9-2021)

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4.		
4	Enter the transferred loss amount included in gross income as required under section 91. See		

Schedule J Income Taxes Paid or Accrued (see instructions)

Ouncu					/			
	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
(a) Country or Possession	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Form 8858 (Rev. 9-2021)

4

SCHEDULE M
(Form 8858)
(Rev. September 2021)

Department of the Treasury

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

Attach to Form 8858.

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Internal Revenue Service	Go to www.i					
Name of person filing Form 8	Iden	tifying number				
INTERNATIONAL C	5-0854621					
Name of FDE or FB		U.S. identifying number, if any		Reference ID number (see instructi		instructions)
ICHOM UK				ICHOMUK		
Name of tax owner				U.S. identifying	number, if any	

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

	Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)		
	Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner	
	U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer		
1	Sales of inventory						
2	Sales of property rights						
3	Compensation received for certain						
	services						
4	Commissions received						
5	Rents, royalties, and license fees						
	received						
6	Dividends/Distributions received						
7	Interest received						
8	Loan guarantee fees received						
9	Other						
10	Add lines 1 through 9						
11	Purchases of inventory						
12							
	other than inventory						
13	Purchases of property rights						
14	Compensation paid for certain						
	services						
15	Commissions paid						
16	Rents, royalties, and license fees						
	paid						
17	Interest paid						
18	Loan guarantee fees paid						
19	Add lines 11 through 18						
20	Amounts borrowed						
	(see instructions)						
21	Amounts loaned						
	(see instructions)						
For	For Paperwork Reduction Act Notice, see the Instructions for Form 8858. Schedule M (Form 8858) (Rev. 9-2021)						

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