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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

MDWISE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1200 Madison Avenue

City or town, state or country, and ZIP + 4

Indianapolis, IN 46225

F Name and address of principal officer

CHARLOTTE MACBETH

1200 Madison Avenue

Indianapolis, IN 46225

D Employer identification number

35-1931354

E Telephone number

(317) 822-7100

G Gross receipts \$ 466,820,905

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (4) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW MDWISE ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1994

M State of legal domicile IN

Part I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities MDWISE IS A NOT-FOR-PROFIT HEALTH MAINTENANCE ORGANIZATION CONTRACTING WITH HEALTHCARE PROVIDERS TO PROVIDE SERVICES TO ITS MEMBERS FOR THREE STATE PROGRAMS HOOSIER HEALTHWISE, INDIANA CARE SELECT & HEALTHY INDIANA PLAN		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	208
	6	Total number of volunteers (estimate if necessary)	6	34
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	486,729,401	447,213,326
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146,749	942,101
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
			486,876,150	448,155,427
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	147,298	265,081
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	13,280,346	13,399,365
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	471,707,578	432,146,704
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	485,135,222	445,811,150
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	1,740,928	2,344,277
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	65,287,517	61,059,469
	21	Total liabilities (Part X, line 26)	34,026,744	27,501,243
	22	Net assets or fund balances Subtract line 21 from line 20	31,260,773	33,558,226

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2012-11-13

Date

TERRY COLE CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Rachel L Spurlock

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)
P00520729

Firm's name (or yours if self-employed), address, and ZIP + 4

CROWE HORWATH LLP
3815 River Crossing Parkway
Suite 300
Indianapolis, IN 462400977

EIN

Phone no (317) 569-8989

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

MDWISE IS A NOT-FOR-PROFIT HEALTH MAINTENANCE ORGANIZATION CONTRACTING WITH HEALTHCARE PROVIDERS TO PROVIDE HEALTHCARE SERVICES TO ITS INDIANA MEMBERS FOR THREE STATE PROGRAMS HOOSIER HEALTHWISE, INDIANA CARE SELECT AND HEALTHY INDIANA PLAN MDWISE ACCOMPLISHED ITS CORE VALUES THROUGH A FIVE-FOLD MISSION 1 DELIVERING CONSISTENT, HIGH QUALITY CARE 2 FOCUSING ON FAMILIES AND COMMUNITY IN A CULTURALLY COMPETENT WAY 3 SHAPING HEALTH POLICY AND PROMOTING INNOVATION IN MEDICAID MANAGED CARE 4 ENSURING FINANCIAL VIABILITY THROUGH EFFICIENT AND COST EFFECTIVE OPERATIONS 5 INVOLVING PROVIDERS IN KEY DECISION MAKING AND NURTURING LOCAL GOVERNANCE OF THE MDWISE PRODUCT

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 397,637,625 including grants of \$ 237,608) (Revenue \$ 407,755,629)
	HOOSIER HEALTHWISE PROGRAM BEGINNING 1/1/2007, MDWISE WAS GRANTED A FOUR-YEAR CONTRACT WITH THE STATE OF INDIANA (STATE), THROUGH THE OFFICE OF MEDICAID POLICY AND PLANNING (OMPP) AND THE OFFICE OF CHILDREN'S HEALTH INSURANCE PROGRAM, TO ARRANGE FOR AND ADMINISTER A RISK-BASED MANAGED CARE PROGRAM (HOOSIER HEALTHWISE) FOR CERTAIN INDIANA MEDICAID ENROLLEES MDWISE CONTRACTS WITH VARIOUS HEALTH CARE DELIVERY NETWORKS THE DELIVERY NETWORKS ACCEPT THE MEDICAL SERVICE RISK FOR ENROLLEES WHO CHOOSE A PRIMARY CARE PROVIDER IN THEIR NETWORK ON JUNE 2, 2010, MDWISE WAS AWARDED A JOINT CONTRACT FOR HHW AND HIP PROGRAMS TO BEGIN JANUARY 1, 2011 THERE WERE 275,800 MEMBERS ENROLLED IN THE HOOSIER HEALTHWISE PROGRAM AT 12/31/2011

4b	(Code) (Expenses \$ 40,680,005 including grants of \$ 10,972) (Revenue \$ 36,031,786)
	HEALTHY INDIANA PLAN BEGINNING 1/1/08, MDWISE BEGAN A THREE-YEAR CONTRACT WITH THE STATE, THROUGH OMPP AND THE FAMILY AND SOCIAL SERVICES ADMINISTRATION (FSSA), TO ESTABLISH AND ADMINISTER A STATEWIDE, RISK-BEARING NETWORK TO DELIVER HEALTH CARE TO UNINSURED INDIANA RESIDENTS UNDER THE NEW HEALTH CARE COVERAGE PLAN MDWISE, PARTNERING WITH AFFILIATED COMPUTER SERVICES (ACS), PERFORMS ITS OBLIGATIONS IN PART THROUGH HEALTH CARE DELIVERY SYSTEMS AND THEIR NETWORK OF PLAN PROVIDERS ON JUNE 2, 2010, MDWISE WAS AWARDED A JOINT CONTRACT FOR HHW AND HIP PROGRAMS TO BEGIN JANUARY 1, 2011 THERE WERE 9,800 MEMBERS ENROLLED IN THE HEALTHY INDIANA PRODUCT AT 12/31/2011




4c	(Code) (Expenses \$ 2,838,618 including grants of \$ 16,501) (Revenue \$ 3,425,911)
	INDIANA CARE SELECT PROGRAM BEGINNING 10/01/2007, MDWISE WAS GRANTED A FOUR-YEAR CONTRACT WITH THE STATE, THROUGH OMPP, TO CONDUCT CERTAIN CARE MANAGEMENT AND PRIOR AUTHORIZATION FUNCTIONS, INCLUDING CARE COORDINATION, DISEASE MANAGEMENT, UTILIZATION MANAGEMENT, AND DISPOSITION OR PRIOR AUTHORIZATION REQUESTS, FOR THE INDIANA CARE SELECT PROGRAM (CARE SELECT) DURING 2011, THE STATE AMENDED THE CONTRACT TO EXTEND THROUGH TO OCTOBER 2013 THE PLAN WAS RESPONSIBLE FOR 20,200 MEMBERS AT 12/31/2011

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses \$ 441,156,248
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Part IV


Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors(see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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, Part I	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 41	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a 208	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country  _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the aggregate amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	Terry Cole 1200 MADISON AVENUE SUITE 400 Indianapolis, IN 46225 (317) 822-7100

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN SELLERS CHAIRMAN OF BOARD	1 00	X		X				0	0	0
(2) ALEX SLABOSKY DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
(3) CHRISTOPHER WEAVER DIRECTOR	1 00	X						0	0	0
(4) CONNIE BROWN DIRECTOR	1 00	X						0	0	0
(5) DEBORAH THOMPSON DIRECTOR	1 00	X						0	0	0
(6) JOHN FITZGERALD DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
(7) LEE CAMPBELL DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
(8) LEE LIVIN DIRECTOR - PARTIAL YEAR	1 00	X						0	0	0
(9) LINDA ROBERTS DIRECTOR	1 00	X						0	0	0
(10) LISA HARRIS DIRECTOR	1 00	X						0	0	0
(11) MIKE EDWARDS DIRECTOR	1 00	X						0	0	0
(12) RYAN KITCHELL DIRECTOR	1 00	X						0	0	0
(13) TORY CASTOR DIRECTOR	1 00	X						0	0	0
(14) CHARLOTTE MACBETH CHIEF EXECUTIVE OFFICER	40 00			X				348,095	0	64,199
(15) KATHERINE WENTWORTH CHIEF OPERATING OFFICER	40 00			X				185,319	0	47,350
(16) TERRY COLE CHIEF FINANCIAL OFFICER	40 00			X				210,154	0	50,168
(17) BARBARA WILDER VP OF QUALITY IMPROVEMENT	40 00				X			159,167	0	27,572

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,031,158	0	457,824

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 14

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AMERIHEALTH MERCY COMPANY 5604 FORTUNE CIRCLE S DR STE K-N INDIANAPOLIS, IN 462411637	SERVICE PROVIDER	245,463,551
HEALTH AND HOSPITAL CORPORATION 1001 WEST 10TH STREET INDIANAPOLIS, IN 462052930	SERVICE PROVIDER	58,272,412
METHODIST (INDIANA UNIVERSITY HEALTH MANAGED CARE) 340 W 10TH STREET ROOM 3200 INDIANAPOLIS, IN 462061367	SERVICE PROVIDER	50,789,383
ST CATHERINE HOSPITAL INC 4321 FIRST STREET EAST CHICAGO, IN 46312	SERVICE PROVIDER	30,134,367
TOTAL HEALTH 10501 CORPORATE DRIVE FORT WAYNE, IN 46845	SERVICE PROVIDER	22,450,581

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶67

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a	CAPITATION PREMIUMS	Business Code 900000	438,987,194	438,987,194		
	b	TRANSPORTATION	900000	4,228,033	4,228,033		
	c	CARE COORDINATION	900000	3,998,099	3,998,099		
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		447,213,326			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		823,579		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)	0 0				
d		Net rental income or (loss)		0			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)	118,522 0				
d		Net gain or (loss)		118,522			118,522
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .		0			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .		0			
10a		Gross sales of inventory, less returns and allowances .	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .		0			
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		448,155,427	447,213,326	0	942,101	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	194,081	194,081		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	71,000	71,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,595,926	701,908	894,018	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	8,352,302	7,099,457	1,252,845	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	556,075	472,664	83,411	
9	Other employee benefits	2,145,006	1,823,255	321,751	
10	Payroll taxes	750,056	637,548	112,508	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	141,647		141,647	
c	Accounting	206,044		206,044	
d	Lobbying	111,338		111,338	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	77,414		77,414	
g	Other	3,077,201	2,615,621	461,580	
12	Advertising and promotion	910,156	778,470	131,686	
13	Office expenses	547,818	465,645	82,173	
14	Information technology	1,091,505	927,779	163,726	
15	Royalties	0			
16	Occupancy	1,113,862	946,783	167,079	
17	Travel	137,915	117,228	20,687	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	156,921	133,383	23,538	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	289,128	245,759	43,369	
23	Insurance	146,719	124,711	22,008	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DELIVERY SYSTEM PAYMENTS	408,157,342	408,157,342		
b	REINSURANCE	7,520,167	7,520,167		
c	TRANSPORTATION	4,432,243	4,432,243		
d	CLAIMS PROCESSING ADMINISTRATION	1,661,907	1,661,907		
e					
f	All other expenses	2,367,377	2,029,297	338,080	0
25	Total functional expenses. Add lines 1 through 24f	445,811,150	441,156,248	4,654,902	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	
	2	Savings and temporary cash investments			29,575,233	2	8,497,677
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			16,443,218	4	14,012,284
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			99,886	8	27,440
	9	Prepaid expenses and deferred charges			697,124	9	437,939
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,088,985	2,083,740	10c	1,983,741
	b	Less: accumulated depreciation	10b	1,105,244			
	11	Investments—publicly traded securities			15,890,185	11	35,196,079
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			498,131	15	904,309
	16	Total assets. Add lines 1 through 15 (must equal line 34)			65,287,517	16	61,059,469
Liabilities	17	Accounts payable and accrued expenses			23,934,471	17	22,251,243
	18	Grants payable				18	
	19	Deferred revenue			842,273	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			9,250,000	24	5,250,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			34,026,744	26	27,501,243
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			31,260,773	27	33,558,226
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			31,260,773	33	33,558,226
	34	Total liabilities and net assets/fund balances			65,287,517	34	61,059,469

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	448,155,427
2	Total expenses (must equal Part IX, column (A), line 25)	2	445,811,150
3	Revenue less expenses Subtract line 2 from line 1	3	2,344,277
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,260,773
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-46,824
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	33,558,226

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization MDWISE INC	Employer identification number 35-1931354
--	--

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements		1,427,059	253,279	1,173,780
d Equipment		1,661,926	851,965	809,961
e Other				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,983,741

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1448,155,427
2	Total expenses (Form 990, Part IX, column (A), line 25)	2445,811,150
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,344,277
4	Net unrealized gains (losses) on investments	4-46,824
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	80
9	Total adjustments (net) Add lines 4 - 8	9-46,824
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	102,297,453

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1448,108,603
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-46,824	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d0	
e	Add lines 2a through 2d2e-46,824	3448,155,427
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b0	
c	Add lines 4a and 4b4c0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5448,155,427	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1445,811,150
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d0	
e	Add lines 2a through 2d2e0	3445,811,150
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b0	
c	Add lines 4a and 4b4c0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5445,811,150	

Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.		

Identifier	Return Reference	Explanation
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED. THE PLAN IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2008. THE PLAN DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE PLAN RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN GENERAL ADMINISTRATIVE EXPENSES. THE PLAN DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AT DECEMBER 31, 2011 AND 2010.

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 35-1931354
Name: MDWISE INC

Form 990, Special Condition Description:

Special Condition Description

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

DLN: 93493318033002

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MDWISE INC

Employer identification number
35-1931354

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INDIANA PERINATAL NETWORK1991 E 56TH STREET INDIANAPOLIS,IN 46220	35-1771516	501(C)(3)	5,000				PROGRAM SUPPORT
(2) COVERING KIDS & FAMILIES416 E MONROE ST STE 120 SOUTH BEND,IN 46601	61-1520892	501(C)(3)	8,250				PROGRAM SUPPORT
(3) MINORITY HEALTH COALITION3266 N MERIDIAN ST STE 704 INDIANAPOLIS,IN 46208	35-1938965	501(C)(3)	15,300				PROGRAM SUPPORT
(4) WISHARD MEMORIAL FOUNDATION INC1001 W 10TH ST INDIANAPOLIS,IN 46202	31-1132066	501(C)(3)	5,500				PROGRAM SUPPORT
(5) SHALOM HEALTH CARE CENTER INC3400 LAFAYETTE RD STE 200 INDIANAPOLIS,IN 46222	06-1645027	501(C)(3)	5,000				PROGRAM SUPPORT
(6) RAPHAEL HEALTH CENTER INC401 E 34TH ST INDIANAPOLIS,IN 46205	35-1948768	501(C)(3)	5,450				PROGRAM SUPPORT
(7) LA PLAZA8902 E 38TH ST INDIANAPOLIS,IN 46226	30-0029575	501(C)(3)	5,000				PROGRAM SUPPORT
(8) FAMILY FUN FILLED INC4633 KIMMERRIDGE LANE INDIANAPOLIS,IN 46254	35-2146049	501(C)(3)	5,000				PROGRAM SUPPORT

2

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

8

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PROVISION OF SCHOOL SUPPLIES	500		71,000	COST	BACKPACKS AND OTHER SCHOOL SUPPLIES

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	MDWISE HAS A CORPORATE GIVING COMMITTEE THAT REQUESTS CERTAIN INFORMATION FROM EACH GRANTEE ORGANIZATION IN ORDER TO EVALUATE AND MEASURE IMPACT TO SEE HOW MEMBERS OF MDWISE BENEFIT FROM THE GRANTEE ORGANIZATION MDWISE DOES NOT HAVE A FORMAL PROCEDURE TO FOLLOW-UP WITH THE GRANTEE ORGANIZATIONS AFTER FUNDS ARE AWARDED BUT USES INFORMAL COMMUNICATIONS TO UNDERSTAND HOW CONTRIBUTIONS ARE USED THERE IS CURRENTLY NO PROCEDURE FOR MONITORING THE GRANTS TO INDIVIDUALS AS THEY ARE NONCASH AND INCLUDE BACKPACKS AND SCHOOL SUPPLIES

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Name: MDWISE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA PERINATAL NETWORK1991 E 56TH STREET INDIANAPOLIS,IN 46220	35-1771516	501(C)(3)	5,000				PROGRAM SUPPORT
COVERING KIDS & FAMILIES416 E MONROE ST STE 120 SOUTH BEND,IN 46601	61-1520892	501(C)(3)	8,250				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINORITY HEALTH COALITION3266 N MERIDIAN ST STE 704 INDIANAPOLIS,IN 46208	35-1938965	501(C)(3)	15,300				PROGRAM SUPPORT
WISHARD MEMORIAL FOUNDATION INC 1001 W 10TH ST INDIANAPOLIS,IN 46202	31-1132066	501(C)(3)	5,500				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE RD STE 200 INDIANAPOLIS,IN 46222	06-1645027	501(C)(3)	5,000				PROGRAM SUPPORT
RAPHAEL HEALTH CENTER INC401 E 34TH ST INDIANAPOLIS,IN 46205	35-1948768	501(C)(3)	5,450				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA PLAZA8902 E 38TH ST INDIANAPOLIS,IN 46226	30- 0029575	501(C)(3)	5,000				PROGRAM SUPPORT
FAMILY FUN FILLED INC4633 KIMMERRIDGE LANE INDIANAPOLIS,IN 46254	35- 2146049	501(C)(3)	5,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

MDWISE INC

Employer identification number

35-1931354

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA WILDER	(i)	132,596	13,000	13,571	12,844	14,728	186,739	0
	(ii)	0	0	0	0	0	0	0
(2) HENRY C JOHNSON	(i)	149,194	10,000	340	13,141	29,479	202,154	0
	(ii)	0	0	0	0	0	0	0
(3) PATRICIA HEBENSTREIT	(i)	141,226	20,202	3,159	13,646	21,243	199,476	0
	(ii)	0	0	0	0	0	0	0
(4) FORNEY DAUGETTE	(i)	114,340	4,586	9,565	9,881	29,338	167,710	0
	(ii)	0	0	0	0	0	0	0
(5) JEAN CASTER	(i)	127,742	0	15,808	11,447	31,182	186,179	0
	(ii)	0	0	0	0	0	0	0
(6) KATHERINE WENTWORTH	(i)	167,089	18,000	230	15,847	31,503	232,669	0
	(ii)	0	0	0	0	0	0	0
(7) TERRY COLE	(i)	174,354	26,520	9,280	18,875	31,293	260,322	0
	(ii)	0	0	0	0	0	0	0
(8) CHARLOTTE MACBETH	(i)	274,900	45,842	27,353	32,940	31,259	412,294	0
	(ii)	0	0	0	0	0	0	0
(9) DR CAROLINE CARNEY DOEBBELING	(i)	277,489	10,500	137	26,953	4,648	319,727	0
	(ii)	0	0	0	0	0	0	0
(10) DEBRA TINSLEY	(i)	108,716	4,368	8,994	9,208	29,476	160,762	0
	(ii)	0	0	0	0	0	0	0
(11) JAMIE BRUCE	(i)	104,624	14,250	3,183	9,206	29,687	160,950	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Non-fixed payments	Schedule J, Part I, Line 7	INTERESTED PERSONS RECEIVE DISCRETIONARY BONUSES BASED ON OVERALL PERFORMANCE OF THE INDIVIDUALS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
MDWISE INC	35-1931354

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE ARTICLES OF INCORPORATION ALLOWS FOR THE CREATION OF THE EXECUTIVE COMMITTEE COMPOSED OF ONE OR MORE MEMBERS OF THE BOARD OF DIRECTORS WHICH, TO THE EXTENT PROVIDED IN THE BY LAWS OR SUCH RESOLUTION AND CONSISTENT WITH APPLICABLE LAW, SHALL HAVE AND EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION'S AFFAIRS DURING INTERVALS BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	DAN SELLERS AND JOHN FITZGERALD - BUSINESS RELATIONSHIP
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	THE MEMBERS OF MDWISE, INC ARE IU HEALTH AND HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY EACH MEMBERS HAS THE RIGHT TO ELECT 3 INDIVIDUALS TO THE GOVERNING BODY
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	THE MEMBERS EACH HAVE THE RIGHT TO APPOINT 3 INDIVIDUALS TO THE GOVERNING BODY
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE FOLLOWING CORPORATE ACTIONS REQUIRE APPROVAL BY THE MEMBERS A TO AMEND, ALTER, CHANGE OR REPEAL THE ARTICLES OF INCORPORATION B TO AMEND, ALTER, CHANGE OR REPEAL THE BY LAWS C TO MERGE OR CONSOLIDATE THE CORPORATION WITH ANOTHER ENTITY OR ENTITIES D TO SELL, LEASE, OR EXCHANGE MORE THAN 50% OF THE PROPERTY OR ASSETS OF THE CORPORATION ,WHETHER OR NOT SUCH SALE, LEASE, OR EXCHANGE OCCURS IN THE REGULAR COURSE OF BUSINESS E TO APPOINT AND ELECT THE DIRECTORS OF THE CORPORATION AND THE CHAIRMAN OF THE CORPORATION'S BOARD OF DIRECTORS F TO ELECT EACH OFFICER OF THE CORPORATION, TO CHANGE THE TITLE, DUTIES, SALARY OR OTHER COMPENSATION OF ANY SUCH OFFICER, AND (WITH CONSIDERATION OF ANY RECOMMENDATION OF THE BOARD OF DIRECTORS) TO REMOVE ANY SUCH OFFICER G UPON THE CONSIDERATION OF ANY RECOMMENDATION OF THE BOARD OF DIRECTORS, TO APPROVE OR AMEND THE CORPORATION'S ANNUAL BUDGET AND THE MAKING AND TIMING OF GRANTS ON BEHALF OF THE CORPORATION H TO INCUR ANY CORPORATE INDEBTEDNESS IN EXCESS OF \$100,000, OR TO ENTER INTO ANY BUSINESS TRANSACTION OR FINANCIAL COMMITMENT IN EXCESS OF \$100,000 I TO APPROVE ANY CONFLICT-OF-INTEREST BUSINESS TRANSACTION J TO DISSOLVE THE CORPORATION
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE CFO REVIEWED A FINAL DRAFT OF THE FORM 990 AFTER ANY CHANGES OR QUESTIONS ARE ADDRESSED, A FINAL COPY OF THE FORM 990 IS SENT TO EVERY MEMBER OF THE GOVERNING BODY BEFORE IT WAS FILED WITH THE IRS
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	MDWISE REQUIRES THAT ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY THE COMPLIANCE OFFICER OF THE ORGANIZATION REVIEWS EACH COMPLETED STATEMENT AND IS PRESENT AT BOARD MEETINGS TO ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IF AN ISSUE WITH A POTENTIAL CONFLICT IS BROUGHT TO THE TABLE AT A BOARD MEETING, THE PERSON WITH THE POTENTIAL CONFLICT ABSTAINS FROM VOTING ON THE ISSUES
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE EXECUTIVE COMMITTEE OF THE BOARD MEETS IN JUNE OF EACH YEAR TO CONDUCT A PERFORMANCE REVIEW OF THE CEO AND TO REVIEW COMPENSATION THE EXECUTIVE COMMITTEE USES COMPENSATION SURVEYS TO DETERMINE APPROPRIATE COMPENSATION FOR THE CEO THE COMPENSATION SETTING PROCESS AND THE DETERMINATION IS DOCUMENTED IN THE COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN 2011
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -46824,