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Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

See Schedule O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 28,057,879 including grants of \$) (Revenue \$ 31,868,827)

See Schedule O

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 28,057,879

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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 Yes	
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
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, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	81	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	256	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	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 as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds 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. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶A James Balkins III CFO CSO & Treasurer 2601 N Bogus Basin Road Boise, ID 83701 (208) 345-1161

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

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

Form **990** (2013)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	4,665,262	0	873,560

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. 44

		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) Name and business address	(B) Description of services	(C) Compensation
Slalom Consulting PO Box 101416 Pasadena CA 911891416	Consulting Services	169,239
Group Avantica Inc 2680 Bayshore Pkwy Ste 416 Mountain View CA 94043	Consulting Services	148,924

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 ▶2

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns				
	b	Membership dues				
	c	Fundraising events				
	d	Related organizations				
	e	Government grants (contributions)				
	f	All other contributions, gifts, grants, and similar amounts not included above	23,143,374			
	g	Noncash contributions included in lines 1a-1f \$	18,796,776			
	h	Total. Add lines 1a-1f	23,143,374			
Program Service Revenue	2a	Book training/consulti	1,875	1,875		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	1,875			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	122,832			122,832
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)		-11,293		-11,293
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory	31,840,118	31,840,118		
	Miscellaneous Revenue		Business Code			
	11a	Misc fees/rebates/ref	14,427	14,427		
	b	Honoraria	9,000	9,000		
	c	Customer finance charg	2,994	2,994		
	d	All other revenue	413	413		
	e	Total. Add lines 11a-11d	26,834			
	12	Total revenue. See Instructions	55,123,740	31,868,827	0	111,539

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	5,206,477	3,098,753	2,107,724	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	17,477,290	15,370,119	2,107,171	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,057,244	928,109	129,135	
9	Other employee benefits.	2,311,250	1,904,440	406,810	
10	Payroll taxes.	1,497,247	1,257,302	239,945	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	439,070		439,070	
c	Accounting.	38,977		38,977	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	3,874		3,874	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,737,670	1,545,058	192,612	
12	Advertising and promotion.	130,157	129,780	377	
13	Office expenses.	107,757	38,653	69,104	
14	Information technology.	1,427,822	23	1,427,799	
15	Royalties.				
16	Occupancy.	631,603	625	630,978	
17	Travel.	952,610	793,161	159,449	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	327,867	323,108	4,759	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	886,167		886,167	
23	Insurance.	86,735		86,735	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Publications/Subscriber	109,348	82,151	27,197	
b	Memberships and Dues	55,413	18,638	36,775	
c	Sales/Use Tax	33,138		33,138	
d	Expendable Furniture and	19,861		19,861	
e	All other expenses	9,626	2,567,959	-2,558,333	
25	Total functional expenses. Add lines 1 through 24e.	34,547,203	28,057,879	6,489,324	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

			(A)		(B)
			Beginning of year		End of year
Assets	1	Cash—non-interest-bearing	2,706,132	1	6,449,600
	2	Savings and temporary cash investments	2,734,681	2	9,228,452
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,006,539	4	3,389,030
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	57,123	8	29,037
	9	Prepaid expenses and deferred charges	620,727	9	704,074
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a16,746,206		
	b	Less accumulated depreciation	10b6,429,492	10,710,507	10c10,316,714
	11	Investments—publicly traded securities	894,679	11	12,889,920
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	145,701	15	301,297
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,876,089	16	43,308,124
Liabilities	17	Accounts payable and accrued expenses	2,601,919	17	4,157,599
	18	Grants payable		18	
	19	Deferred revenue	920,422	19	1,076,534
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,522,341	26	5,234,133
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	17,353,748	27	38,073,991
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	17,353,748	33	38,073,991
	34	Total liabilities and net assets/fund balances	20,876,089	34	43,308,124

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,123,740
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,547,203
3	Revenue less expenses Subtract line 2 from line 1	3	20,576,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,353,748
5	Net unrealized gains (losses) on investments	5	143,706
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,073,991

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	

Additional Data

Software ID:
Software Version:
EIN: 23-7455145
Name: Healthwise Incorporated

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Margaret Peggy O'Kane Chairperson of the Board	2.00	X		X				0	0	0
Archie Clemens Vice Chairman of the Board	2.00	X		X				0	0	0
Richard A Skinner Secretary	2.00	X		X				0	0	0
Donald W Kemper CEO and Former Chairman	50.00	X		X				360,054	0	133,978
John Billings Director	2.00	X						0	0	0
Dr Clarence H Braddock III Director	2.00	X						0	0	0
Susan Edgman-Levitan Director	2.00	X						0	0	0
Dr Ted Epperly Director	2.00	X						0	0	0
James Everett Director	2.00	X						0	0	0
Daina Middleton Director	2.00	X						0	0	0
Ruth Prince Director	2.00	X						0	0	0
Kristi Saucerman Director	2.00	X						0	0	0
Dr John Wennberg Director	2.00	X						0	0	0
James R Bell Director	2.00	X						0	0	0
Dr Steven Schneider Director	2.00	X						0	0	0
James V Giuffre President & Chief Operating Officer	50.00			X				269,627	0	92,769
Dr Martin Gabica Chief Medical Officer	50.00			X				248,519	0	45,387
Dr Michael Barry Chief Science Officer	32.00			X				0	0	0
A James Balkins III CSO, CFO & Treasurer	40.00			X				213,813	0	37,609
Neal Benz Chief Technology Officer	50.00			X				209,206	0	30,550
Christine Fisler Chief Integration Officer	50.00			X				0	0	0
Richard Wexler Chief Clinical Integration Officer	50.00			X				0	0	0
Eileen Casal General Counsel	50.00			X				235,617	0	30,300
Molly Mettler Senior VP	24.00			X				92,679	0	16,621
Mitzi Jensen Senior VP	50.00			X				176,983	0	20,505

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Leslie Kelly Hall Senior VP	50 00			X				185,445	0	29,318
Benjamin Moulton Senior VP	50 00			X				0	0	0
Karen Baker Senior VP	50 00			X				197,316	0	26,224
Jason Burum Senior VP	50 00			X				198,586	0	27,324
Carol Casler VP	50 00			X				114,476	0	17,570
Phyllis Royston VP	50 00			X				129,036	0	17,045
Miriam Beecham VP	50 00			X				117,995	0	34,085
Stephen Tad Arnt VP	50 00			X				144,933	0	28,606
Kevin Harbauer VP	50 00			X				152,571	0	32,740
Christine Calhoun VP	50 00			X				118,265	0	28,364
Russell Van Horne VP	50 00			X				131,689	0	15,982
Darra Wray VP	50 00			X				0	0	0
Diana Stilwell VP	50 00			X				0	0	0
Michael Lauber Account Executive	50 00				X			227,849	0	35,605
Brigid Runyon Account Executive	50 00				X			227,433	0	17,996
David Mink Sales Manager	50 00				X			159,072	0	30,536
Dr Adam Husney Medical Director	32 00					X		171,177	0	28,334
Dr Kathleen Romito Medical Director	32 00					X		158,173	0	19,634
James Watkins Business Development Director	50 00					X		145,499	0	17,184
Debbie Johnson Account Executive	50 00					X		145,035	0	31,555
Mark Parsons Partner Development Director	50 00					X		134,214	0	27,739

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Healthwise Incorporated	Employer identification number 23-7455145
--	---

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	225				23,143,374	23,143,599
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27,224,776	28,484,153	30,522,297	30,341,850	34,195,325	150,768,401
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	27,225,001	28,484,153	30,522,297	30,341,850	57,338,699	173,912,000
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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	12,423,914	10,921,113	11,867,040	9,744,392	6,481,514	51,437,973
c Add lines 7a and 7b	12,423,914	10,921,113	11,867,040	9,744,392	6,481,514	51,437,973
8 Public support (Subtract line 7c from line 6)						122,474,027

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	27,225,001	28,484,153	30,522,297	30,341,850	57,338,699	173,912,000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,223	23,531	51,801	54,221	120,539	271,315
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21,223	23,531	51,801	54,221	120,539	271,315
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		858	623	1,009	2,994	5,484
13 Total support. (Add lines 9, 10c, 11, and 12)	27,246,224	28,508,542	30,574,721	30,397,080	57,462,232	174,188,799
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	70.310 %	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	60.280 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 160 %
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	0 180 %
19a	33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b	33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
Form 990, Schedule A, Part III, Line 12	Customer Finance Charges

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Healthwise Incorporated	Employer identification number 23-7455145
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,900													
c Total lobbying expenditures (add lines 1a and 1b)		5,900													
d Other exempt purpose expenditures		34,547,203													
e Total exempt purpose expenditures (add lines 1c and 1d)		34,553,103													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	0	0	1,995	5,900	7,895
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-A, Line 1f	The nontaxable lobbying amount is determined from the table in Section II-A and is based on our "other exempt purpose expenditures" of \$34,547,203 as reported on Line 1e and on Form 990, Part I, Line 18 for the Current Year.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization Healthwise Incorporated	Employer identification number 23-7455145
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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? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | 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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,275,909		1,275,909
b Buildings		11,936,085	3,707,063	8,229,022
c Leasehold improvements				
d Equipment		3,534,212	2,722,429	811,783
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,316,714

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	55,267,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	143,706
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	143,706
3	Subtract line 2e from line 1	3	55,123,739
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1
c	Add lines 4a and 4b	4c	1
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	55,123,740

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	34,547,202
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	34,547,202
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1
c	Add lines 4a and 4b	4c	1
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	34,547,203

Part XIII Supplemental Information

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

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Rounding adjustment of \$1
Part XII, Line 4b - Other Adjustments	Rounding adjustment of \$1

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Healthwise Incorporated

Employer identification number
23-7455145

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 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 region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	30			79,302
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	30			79,302

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3	Healthwise, as part of its exempt mission, licenses its consumer health information to various organizations and governments in Canada, Western Europe, India, and Australia. As part of our licensing, we have various arrangements (e.g., independent contractors) for medical review and consulting services related to our health content. These expenses are offset by licensing of Healthwise intellectual property, including health information content. From time to time, Healthwise will have employees from the United States travel to our clients in Canada and other countries. All amounts listed reflect expenditures only, as we do not have any investments in these regions.

Additional Data

Software ID:
Software Version:
EIN: 23-7455145
Name: Healthwise Incorporated

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	1	Program Services	Health Info/Tools	15,116
North America	0	3	Program Services	Health Info/Tools	22,681
East Asia & Pacific	0	1	Program Services	Health Info/Tools	2,175

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America	0	25	Program Services	Health Info/Tools	22,401
Europe	0	0	Program Services	Travel Expenses	2,093
North America	0	0	Program Services	Travel Expenses	14,836

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Healthwise Incorporated

Employer identification number
23-7455145

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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
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	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
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	Yes
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Form 990, Schedule J, Part I, Line 4a	Christine Fisler was the Chief Financial Officer and Chief Operating Officer of the Foundation for Informed Medical Decision Making, Inc. prior to its merger with Healthwise. Following the merger, Ms. Fisler served as the Healthwise Chief Integration Officer until June 13, 2014. Under the terms of a Separation Agreement dated May 23, 2014, and in exchange for a general release of claims and a confidential and proprietary developments acknowledgement, Ms. Fisler received a lump sum payment of \$279,974, less applicable taxes, and was allowed to continue her medical and dental benefits until June 30, 2014.
Form 990, Schedule J, Part I, Line 4b	On May 5, 2011, the Organization entered into a retention agreement with the CEO to provide incentive compensation to further continue his employment with the Organization. Under the terms of the agreement, the Organization will pay the CEO a lump sum of \$500,000 provided he remains continuously employed until April 15, 2016. An additional payment of \$100,000 will be provided to the CEO based on his continued employment through April 15, 2017. Schedule J, Column C and Part VII, Section A, Form 990 include \$100,000 of accrued compensation for the calendar year 2013. On July 22, 2011, the Organization entered into a retention agreement with its President and Chief Operating Officer (COO) to provide incentive compensation to him to continue his employment with the Organization. Under the terms of this agreement, the Organization will pay the COO a lump sum payment of \$300,000 provided he remains employed by the Organization through July 15, 2017. Schedule J, Column C and Part VII, Section A, Form 990 include \$50,000 of accrued compensation for the calendar year 2013. In connection with the merger of the Foundation for Informed Medical Decision Making, Inc. (the Foundation), the Organization entered into retention agreements with four (4) key employees to provide incentive compensation to them to continue their employment with the Organization for a period of time following the merger. The key employees are Dr. Michael Barry, Chief Science Officer and President for the Foundation division, Ben Moulton, Senior VP, Diana Stilwell, VP, and Richard Wexler, Chief Clinical Integration Officer. Under the terms of these agreements, the Organization will pay the employee a lump sum provided they remain with the company for the term as defined in the agreement. Dr. Barry's agreement also provides for the lump sum payment if his employment is terminated prior to the retention date due to death, disability, specified change of control events or by the employee for good reason or by the Organization for other than cause (as specified and defined in the agreement). The total lump sum due under the agreements is approximately \$513,000.
Form 990, Schedule J, Part I, Line 5a	In order for Healthwise to meet its mission of maximizing delivery of consumer health information and tools, Healthwise works with a variety of organizations that are active in the field of health education ranging from other nonprofit organizations to for-profit web portals. In order to accomplish this exempt mission, a small number of our employees (less than 5%) are charged with the assignment of enhancing our distribution through building relationships with these organizations. These Healthwise employees' compensation is based partially on the results of their efforts tied to gross revenues received. It should be noted that none of the compensation is paid on net revenue. The setting of these employees' total compensation is reviewed carefully in comparison to market studies as benchmarks for reasonableness.
Form 990, Schedule J, Part I, Line 7	In the course of fulfilling its exempt mission, Healthwise endeavors to measure its mission accomplishment through tracking of mission points. Mission points are not tied to gross or net revenue. Annually, the Board determines if any additional compensation above the employees' base remuneration is to be paid based on mission accomplishment as measured by mission points - the fulfillment of mission efforts through the development of new health information materials and other mission criteria. This compensation is discretionary by the Board and is therefore considered non-fixed. If the mission accomplishment is achieved, then the Board takes into account the financial capabilities of Healthwise to pay such additional compensation so as not to jeopardize its operating ability, as well as reviews total compensation to assure that all compensation falls within the reasonable remuneration factors as a tax-exempt organization. Once the Board establishes if there will be a payment and determines the percentage of base pay used to calculate such payment, then the formula used to determine the payment is applied to all employees, including officers. When paid, the amount of such mission-based remuneration is a percentage of the employee's compensation. Certain officers of Healthwise are eligible for this additional compensation based on a multiplier of up to 2.2 times the Board-approved percentage.

Additional Data

Software ID:
Software Version:
EIN: 23-7455145
Name: Healthwise Incorporated

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Donald W Kemper CEO and Former Chairman	(i) (ii)	337,031 0	22,794 0	229 0	117,850 0	16,128 0	494,032 0	0 0
James V Giuffre President & Chief Operating Officer	(i) (ii)	253,422 0	15,809 0	396 0	75,514 0	17,255 0	362,396 0	0 0
Dr Martin Gabica Chief Medical Officer	(i) (ii)	240,349 0	7,774 0	396 0	24,821 0	20,566 0	293,906 0	0 0
A James Balkins III CSO, CFO & Treasurer	(i) (ii)	204,666 0	8,751 0	396 0	20,354 0	17,255 0	251,422 0	0 0
Neal Benz Chief Technology Officer	(i) (ii)	199,329 0	9,481 0	396 0	14,295 0	16,255 0	239,756 0	0 0
Eileen Casal General Counsel	(i) (ii)	227,587 0	7,256 0	774 0	22,824 0	7,476 0	265,917 0	0 0
Mitzi Jensen Senior VP	(i) (ii)	168,685 0	8,040 0	258 0	11,997 0	8,508 0	197,488 0	0 0
Leslie Kelly Hall Senior VP	(i) (ii)	176,322 0	8,349 0	774 0	12,809 0	16,509 0	214,763 0	0 0
Karen Baker Senior VP	(i) (ii)	187,899 0	8,625 0	792 0	12,661 0	13,563 0	223,540 0	0 0
Jason Burum Senior VP	(i) (ii)	168,020 0	30,404 0	162 0	9,828 0	17,496 0	225,910 0	0 0
Miriam Beecham VP	(i) (ii)	113,945 0	3,630 0	420 0	6,375 0	27,710 0	152,080 0	0 0
Stephen Tad Arnt VP	(i) (ii)	122,005 0	22,868 0	60 0	8,750 0	19,856 0	173,539 0	0 0
Kevin Harbauer VP	(i) (ii)	147,573 0	4,698 0	300 0	10,808 0	21,932 0	185,311 0	0 0
Michael Lauber Account Executive	(i) (ii)	62,165 0	165,264 0	420 0	15,315 0	20,290 0	263,454 0	0 0
Brigid Runyon Account Executive	(i) (ii)	89,400 0	137,812 0	221 0	15,947 0	2,049 0	245,429 0	0 0
David Mink Sales Manager	(i) (ii)	69,301 0	89,591 0	180 0	11,253 0	19,283 0	189,608 0	0 0
Dr Adam Husney Medical Director	(i) (ii)	165,793 0	5,294 0	90 0	11,729 0	16,605 0	199,511 0	0 0
Dr Kathleen Romito Medical Director	(i) (ii)	153,017 0	5,066 0	90 0	10,768 0	8,866 0	177,807 0	0 0
James Watkins Business Development Director	(i) (ii)	122,924 0	22,437 0	138 0	8,760 0	8,424 0	162,683 0	0 0
Debbie Johnson Account Executive	(i) (ii)	58,234 0	86,440 0	361 0	10,584 0	20,971 0	176,590 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
Mark Parsons Partner	(i)	112,950	21,174	90	7,995	19,744	161,953	0
Development Director	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization
Healthwise Incorporated

Employer identification number
23-7455145

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Molly Mettler	Officer/Family	92,679	Employment		No
(2) See Note 2 below	See Note #2 below	23,143,374	See Note #2 below	Yes	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV, Line 1	Molly Mettler is a family member of Donald Kemper, CEO She is also an officer of the organization
Schedule L, Part IV, Line 2	On February 15, 2014, the Foundation for Informed Medical Decision Making, Inc (the Foundation) and Healthwise, Incorporated (Healthwise) entered into a Merger Agreement On April 1, 2014, the Foundation formally merged with Healthwise Upon consummation of the merger, six (6) of the Foundation's Board members became Board members of Healthwise For more details on the merger transaction, see the additional information for Form 990, Part VIII, Line 1f in Schedule O

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.

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

2013

**Open to Public
Inspection**

Name of the organization
Healthwise Incorporated

Employer identification number

23-7455145

Return Reference	Explanation
Form 990, Part I, Line 1	The greatest untapped resource in health care is the consumer. Healthwise is helping to tap it over 200 million times a year. We are systematically expanding the role of the patient in health care to do more for themselves and to share with their doctors in developing care plans and making medical decisions. Founded in 1975 with the simple mission "to help people make better health decisions," Healthwise has become the world's most widely used source of unbiased, evidence-based consumer health information. The premise for Healthwise's mission is even more applicable today than it was in 1975. Healthwise has stood true to its objectives and purposes stated in its formation documents, including: - To plan, develop, evaluate and promote practical health education programs that can play an important role in helping the individual: 1 To understand his/her health and how to preserve it. 2 To understand the nature of various diseases. 3 To make intelligent use of available health services. 4 To improve his/her behavior regarding health-affecting practices and activities. To further advance the Healthwise mission, Healthwise merged with the Foundation for Informed Medical Decision Making, Inc. (the Foundation), a nonprofit with the world's greatest depth of knowledge about shared decision making, on April 1, 2014. The Foundation, which now operates as a division of Healthwise, continues to focus on research and advocacy in the area of shared medical decision making and promotes patient engagement in health care through regulatory, policy and quality initiatives - supporting and spreading the mission of helping people make better health decisions. In FY 2014 people turned to Healthwise information and tools over 200 million times. Through the use of its books and other print materials, point-of-care patient education, online Healthwise knowledgebase, interactive multimedia virtual-coaching conversations, ongoing behavior change programs, shared decision making tools and products, and other materials, Healthwise helps people take a more active role in their health and health care. Healthwise information and tools help people self-manage chronic disease, provide self-care for minor and acute problems, and participate in shared decision-making with their health care providers for critical treatment options. Healthwise works with a broad network of organizations throughout the U.S., Canada and the world. Hospitals, health plans, consumer health portals, disease management companies, clinics, electronic medical records companies, and government agencies provide Healthwise information to their patients, members and the general public. Historically, Healthwise's funding has come from government contracts, foundation grants, donations, and largely, license fees charged to its distribution network of hospitals, clinics, health plans and health websites. All funds are reapplied to the pursuit of the Healthwise health education-focused mission. Nearly all people who access Healthwise information are provided the materials free of charge by the sponsoring organization. Healthwise is a not-for-profit organization based in Boise, ID with an office in Boston, MA. Healthwise has been nationally recognized not only for the quality of its content, but also for the quality of its workplace culture. Those interested in learning more about Healthwise are invited to visit its web site at www.healthwise.org and www.informedmedicaldecisions.org.

Return Reference	Explanation
Form 990, Part III, Line 1	The Healthwise mission is to help people make better health decisions. Healthwise provides high quality consumer health information, educational solutions and tools to individuals, and educational and support services needed by hospitals, clinics, disease management organizations, government agencies, health portals and book sellers to support better health decisions. Healthwise also advocates for policies and practices that encourage and support the active role of individuals in managing their health and promoting their own health. As a result of the merger with the Foundation for Informed Medical Decision Making, Inc on April 1, 2014, Healthwise sponsors research on shared medical decision making and advocates for the use of shared medical decision making and patient engagement in health care.

Return Reference	Explanation
Form 990, Part III, Line 4a	Everything Healthwise does is in support of our mission to help people make better health decisions. Our focus is on getting the right information and tools to the right person at the right time to help them do three things critical to the improvement of health care in America: 1. To help them provide as much care for themselves as they can do. This includes medical self care and wellness activities along with navigating the health care system. 2. To help them ask for the care they need. We give the patient plain-language guidelines for when medications, treatments and tests are recommended for specific medical conditions. 3. To help them say "no" to care that is not right for them. It is often up to the patient to determine when the risks of a treatment outweigh the benefits. As a result of the merger with the Foundation for Informed Medical Decision Making, Inc. on April 1, 2014, the Organization's program services have been enhanced to include the development of shared medical decision making programs as well as research into and advocacy of shared medical decision making in a variety of health care settings. In the past year Healthwise information and tools were used over 200 million times by people hoping to take an informed role in their own health care and wellness. Our purpose is achieved every time an individual uses our information and tools to make better health and health care decisions.

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Donald Kemper, CEO, is married to Molly Mettler, Senior Vice President Dr Michael Barry, Chief Science Officer, is the Medical Director to the John D Stoeckle Center for Primary Care Innovation (Stoeckle Center) at Massachusetts General Hospital and is also employed part time by Massachusetts General Hospital, a member of the Partners Healthcare System, Susan Edgman-Levitan, a Healthwise Director, is the Executive Director of the Stoeckle Center at Massachusetts General Hospital Dr Steven Schneider, a Healthwise Director until March 31, 2014, has business relationships with Dr Martin Gabica, CMO, and Dr Ted Epperly, a Healthwise Director

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	On March 27, 2014, in connection with and subject to the closing of the merger of the Foundation for Informed Medical Decision Making, Inc with Healthwise, the Board of Directors and the Members approved and adopted Amended and Restated Bylaws which became effective on April 1, 2014. The Amended and Restated Bylaws contain the following significant changes: increases the number of Members and Directors to 13 for a 2-year period with reductions in size to 11 and 9 in 2016 and 2018, respectively, provides an initial 2-year term for all 13 Members and Directors and a three (3) class staggered Board thereafter, identifies actions reserved to the Board, changes the quorum requirements for meetings until 2018 to a majority plus one for Member meetings and to a majority plus one for Director meetings for specified actions reserved to the Board, changes the voting requirements at Member and Director meetings until 2019 to 2/3rds of those present and voting, permits Directors to receive reasonable compensation for attendance in person at any regular or special meeting of the Board, and defines the responsibilities of the Chief Executive Officer.

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	Prior to filing the Form 990, each member of the Board of Directors is provided a copy of the Form 990 to review. The directors are encouraged to ask any questions regarding the filing and are given the opportunity to contact the CEO, CFO and/or General Counsel. If a regular board meeting is not scheduled prior to the filing, then at the discretion of the board, if they deem it advisable, a special meeting may be called to discuss the Form 990.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	All board members, officers and key employees are required to comply with the Healthwise conflict of interest policy during their employment or service. Annually, they are required to review the policy and sign a disclosure form identifying any actual or possible conflicts of interest (as defined in the policy). The General Counsel reviews the completed disclosures and presents any actual or possible conflicts of interest that have been disclosed to the Board for review and a determination of whether a conflict exists. In addition, the General Counsel annually reviews with the Board potential, pending and actual transactions between Healthwise and organizations which have an affiliation with a Board member, officer or key employee (based on their disclosures) for a determination of whether a conflict exists and to seek approval or ratification of the transaction and its related agreements, as necessary or required.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The following procedures are in place for setting and reviewing CEO, officers and key employees' compensation: 1 Compensation is reviewed and approved by the Board-established Audit, Finance and Compensation Committee (AFC Committee) consisting of disinterested persons. Persons with conflicts of interest are not involved in this review or approval for any position that may involve such conflict. 2 Compensation is reviewed and approved using comparable compensation data for similarly qualified persons in functionally comparable positions at similarly situated organizations. The source data used is based on multiple compensation surveys. 3 There is contemporaneous documentation and record keeping with respect to the deliberations and decisions regarding the compensation arrangements. The documentation includes terms of compensation, members of the committee/board present for the decision and discussion, comparable data used and the basis for the decision made. 4 The Board of Directors has access to all AFC Committee decisions regarding the results of this process and, in addition, the Board directly handles the setting of the compensation for the CEO, Donald Kemper, and his spouse, Molly Mettler, who currently holds the position of Senior Vice President. 5 Additionally, the AFC Committee, under the direction of the Board of Directors, periodically engages independent compensation consultants to review and analyze total compensation for specific officer positions, and the terms and compensation relating to retention and incentive compensation agreements and severance plans, against survey and/or peer group data and/or industry and comparable benchmark data. In connection with these engagements, the AFC Committee generally seeks an opinion from the independent compensation consultant on the reasonableness of the compensation package and/or terms relating to the retention and/or incentive agreement or severance plan. In 2014, in connection with the merger of the Foundation for Informed Medical Decision Making, Inc. (Foundation), the AFC Committee engaged an independent compensation consultant to review and analyze the total compensation for key Foundation officers, the terms and compensation relating to executive incentive retention agreements with the key Foundation officers, and a Foundation severance plan which was transferred to Healthwise upon consummation of the merger (collectively Merger Compensation Matters). The review, deliberation, approval and documentation process specified in items 1-4 above, along with the analysis and opinion of the independent compensation consultant, was used by the AFC Committee and/or Board with regard to the Merger Compensation Matters. 6 Also, in 2014, the AFC Committee engaged an independent compensation consultant to review and analyze director compensation amounts to be paid to directors for attendance in person at any regular or special meeting against comparable survey and industry data. The Board reviewed and approved the director compensation after taking into account the independent compensation consultant's analysis using comparability data. The Board's deliberations and decisions were contemporaneously documented and placed within the company records. The documentation includes terms of compensation, members of the Board present for the decision and discussion, comparable data used, and the basis for the decision made.

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	A copy of any of these documents, such as but not limited to, the Form 990, Articles of Incorporation, Bylaws, conflict of interest policy and financial statements are available upon request from the CEO, General Counsel or the CFO's office

Return Reference	Explanation
Form 990, Part VIII, Line 1f	On April 1, 2014, Healthwise merged with the Foundation for Informed Medical Decision Making, Inc. (the Foundation) in a transaction treated as an acquisition for accounting purposes. As a result of the acquisition, the Foundation ceased to exist as a legal entity. The Foundation was a not-for-profit private foundation whose mission to "inform and amplify the patient's voice in health care decisions" was closely aligned with the Healthwise mission to "help people make better health decisions." The Foundation's programs and services included the development of shared medical decision making programs and products, research into shared decision making, and advocacy of shared medical decision making in a variety of settings. The acquisition allows both organizations to work together to continue research into and promotion of shared decision making and to create new shared decision making products to help consumers make medical decisions with their health professional. As a result of the merger, the Foundation's research and advocacy functions now operate as a division of Healthwise. Healthwise did not transfer any consideration as part of the acquisition and recognized an inherent contribution received of \$23,143,374. The following table summarizes the April 1, 2014 acquisition-date fair values of the assets acquired and the liabilities assumed: Cash and cash equivalents 4,346,598; Accounts receivable 154,293; Prepaid expenses 149,063; Investments 18,886,127; Furniture and equipment 16,678; Grants commitments payable (162,739); Accounts payable (81,300); Other accrued expenses (165,346). Net assets contributed (Unrestricted) 23,143,374.

Return Reference	Explanation
Form 990, Part IX, line 24e	Equipment Rental Program service expenses 0 Management and general expenses 6,401 Fundraising expenses 0 Total expenses 6,401 Donations Program service expenses 0 Management and general expenses 3,689 Fundraising expenses 0 Total expenses 3,689 Staff Procurement Program service expenses 0 Management and general expenses 3,418 Fundraising expenses 0 Total expenses 3,418 Foreign Exchange Gains/Losses Program service expenses 0 Management and general expenses -3,882 Fundraising expenses 0 Total expenses -3,882