

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
The Medical College of Wisconsin Inc
% PAMELA J STANICK
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
8701 Watertown Plank Road
City or town, state or province, country, and ZIP or foreign postal code
Milwaukee, WI 532263548

D Employer identification number
39-0806261
E Telephone number
(414) 955-8665
G Gross receipts \$ 1,525,513,112

F Name and address of principal officer
JOHN R RAYMOND SR MD
8701 Watertown Plank Road
Milwaukee, WI 532263548

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ [http //www mcw edu](http://www.mcw.edu)

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1918

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MEDICAL COLLEGE OF WISCONSIN (MCW) IS A DISTINGUISHED LEADER AND INNOVATOR IN THE EDUCATION AND DEVELOPMENT OF THE NEXT GENERATION OF PHYSICIANS, (CONTINUED IN SCHEDULE O)

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

3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6,651
6 Total number of volunteers (estimate if necessary)	22
7a Total unrelated business revenue from Part VIII, column (C), line 12	736,359
7b Net unrelated business taxable income from Form 990-T, line 34	779,452

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	171,540,243	152,950,270
9 Program service revenue (Part VIII, line 2g)	891,071,981	953,168,825
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,297,225	109,549,410
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,021,263	452,027
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,144,930,712	1,216,120,532

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,712,784	40,710,283
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	799,621,120	858,032,127
16a Professional fundraising fees (Part IX, column (A), line 11e)	40,650	40,705
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,780,236		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	222,706,413	217,276,999
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,061,080,967	1,116,060,114
19 Revenue less expenses Subtract line 18 from line 12	83,849,745	100,060,418

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,231,331,527	2,324,075,644
21 Total liabilities (Part X, line 26)	573,093,301	556,384,030
22 Net assets or fund balances Subtract line 21 from line 20	1,658,238,226	1,767,691,614

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2019-05-13
BARCLAY FERGUSON CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PAUL J TANIS Preparer's signature: PAUL J TANIS Date: 2019-05-09
Check if self-employed PTIN: P01441612
Firm's name: PricewaterhouseCoopers LLP Firm's EIN: _____
Firm's address: 101 SEAPORT BLVD SUITE 500 BOSTON, MA 02210 Phone no: (617) 530-5000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 THE MEDICAL COLLEGE OF WISCONSIN (MCW) IS A DISTINGUISHED LEADER AND INNOVATOR IN THE EDUCATION AND DEVELOPMENT OF THE NEXT GENERATION OF PHYSICIANS, (CONTINUED IN 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 \$ 110,928,180 including grants of \$ 11,541,842) (Revenue \$ 75,452,606)
 See Additional Data

4b (Code) (Expenses \$ 233,502,521 including grants of \$ 24,545,567) (Revenue \$ 29,696,704)
 See Additional Data

4c (Code) (Expenses \$ 640,215,827 including grants of \$ 0) (Revenue \$ 847,195,355)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 12,580,532 including grants of \$ 4,622,874) (Revenue \$ 824,160)

4e Total program service expenses ▶ 997,227,060

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Yes	
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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		No
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (19), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CO, HI, MD, MA, MI, NH, NY, OR, SC, WA, WI), 18 (Own website, Another's website, Upon request, Other), 19, 20 (PAMELA J STANICK 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226 (414) 955-8665).

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							17,055,536	0	1,441,388	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1,804**

	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>		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>	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>		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
C G SCHMIDT INC, 11777 W LAKE PARK DRIVE MILWAUKEE, WI 53224	CONSTRUCTION SERVICE	67,170,548
FROEDTERT HEALTH MEDICAL GROUP, 9200 W WISCONSIN AVENUE MILWAUKEE, WI 53226	PHYSICIAN/SHARED SVC	10,221,099
NATL MARROW DONOR PROGRAM, 3433 BROADWAY STREET NE 400 MINNEAPOLIS, MN 55413	RESEARCH SUBCONTRACT	8,298,633
MEDICAL COLLEGE OF WI AFFIL HOSP, 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	RESIDENT SERVICES	5,732,291
CHILDRENS HOSPITAL OF WISCONSIN, 9000 W WISCONSIN AVENUE MILWAUKEE, WI 53201	CONTRACTUAL SERVICES	4,292,549

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 **▶ 179**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	798,797		
	d Related organizations	1d			
	e Government grants (contributions)	1e	119,174,589		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,976,884		
	g Noncash contributions included in lines 1a-1f \$ _____		1,642,725		
	h Total. Add lines 1a-1f		152,950,270		

Program Service Revenue			Business Code			
	2a CLINICAL PRACTICE PLAN REVENUE		621110	580,902,582	580,895,674	6,908
	b PHYSICIAN CONTRACTS/AFFILIATE SVCS		621110	150,625,726	150,625,726	
	c MEDICARE/MEDICAID PAYMENTS		621110	126,750,036	126,750,036	
	d MEDICAL INSTRUCTION TUITION AND FEES		611600	60,270,025	60,270,025	
	e NON-GOVERNMENTAL GRANTS AND CONTRACTS		541700	27,206,913	27,206,913	
	f All other program service revenue			7,413,543	7,413,543	
	g Total. Add lines 2a-2f			953,168,825		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			26,571,234		-440,329	27,011,563
	4 Income from investment of tax-exempt bond proceeds			11,552			11,552
	5 Royalties			696,345			696,345
	6a Gross rents	(i) Real	(ii) Personal				
		2,759,049					
	b Less rental expenses	2,646,752					
	c Rental income or (loss)	112,297	0				
	d Net rental income or (loss)			112,297			112,297
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		383,501,957	5,578,880				
	b Less cost or other basis and sales expenses	305,558,042	556,171				
	c Gain or (loss)	77,943,915	5,022,709				
	d Net gain or (loss)			82,966,624		1,136,961	81,829,663
	8a Gross income from fundraising events (not including \$ 798,797 of contributions reported on line 1c) See Part IV, line 18	a	187,841				
	b Less direct expenses	b	597,523				
	c Net income or (loss) from fundraising events			-409,682			-409,682
	9a Gross income from gaming activities See Part IV, line 19	a	26,630				
	b Less direct expenses	b	6,382				
c Net income or (loss) from gaming activities			20,248			20,248	
10a Gross sales of inventory, less returns and allowances	a	60,529					
b Less cost of goods sold	b	27,710					
c Net income or (loss) from sales of inventory			32,819		32,819		
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			1,216,120,532	953,161,917	736,359	109,271,986	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	29,755,638	29,755,638		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,509,563	10,509,563		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	445,082	445,082		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,863,933	2,765,965	7,305,852	792,116
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,012,493	1,012,493		
7 Other salaries and wages	713,546,035	663,152,570	47,745,754	2,647,711
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	36,852,080	33,692,425	2,999,921	159,734
9 Other employee benefits	58,530,497	53,956,534	4,333,658	240,305
10 Payroll taxes	37,227,089	33,734,589	3,331,042	161,458
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,073,707	474,791	598,916	
c Accounting	578,277		578,277	
d Lobbying	277,538	271,652	5,886	
e Professional fundraising services See Part IV, line 17	40,705			40,705
f Investment management fees	5,599,542		5,599,542	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,745,104	32,012,885	7,746,650	985,569
12 Advertising and promotion	1,933,759	1,928,960		4,799
13 Office expenses	8,673,789	4,902,547	3,642,577	128,665
14 Information technology	14,297,283	5,351,777	8,819,861	125,645
15 Royalties	114,021	114,021		
16 Occupancy	35,123,138	29,741,299	5,151,259	230,580
17 Travel	9,820,559	9,363,942	403,516	53,101
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,307,705	6,745,290	552,202	10,213
20 Interest	8,266,659	7,025,197	1,241,462	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	31,583,181	24,895,110	6,572,292	115,779
23 Insurance	551,472	1,465	550,007	
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 MEDICAL & RESEARCH SUPPLIES	20,018,446	20,018,446		
b EQUIPMENT & MAINTENANCE	9,695,272	5,690,696	3,982,032	22,544
c DUES & SUBSCRIPTIONS	8,686,131	8,276,625	396,151	13,355
d RESIDENTS & FELLOWS	6,910,851	6,910,851		
e All other expenses	6,020,565	4,476,647	1,495,961	47,957
25 Total functional expenses. Add lines 1 through 24e	1,116,060,114	997,227,060	113,052,818	5,780,236
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	143,636	1	173,456
	2 Savings and temporary cash investments	83,006,583	2	53,228,075
	3 Pledges and grants receivable, net	58,459,743	3	57,364,429
	4 Accounts receivable, net	96,970,671	4	102,216,177
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	53,937	8	62,571
	9 Prepaid expenses and deferred charges	4,226,176	9	4,476,039
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	694,008,517		
	b Less accumulated depreciation	396,105,032		
		245,763,843	10c	297,903,485
	11 Investments—publicly traded securities	403,741,677	11	417,571,961
	12 Investments—other securities See Part IV, line 11	1,179,298,491	12	1,270,206,164
	13 Investments—program-related See Part IV, line 11	96,751,620	13	109,459,412
	14 Intangible assets	5,325,802	14	6,010,957
15 Other assets See Part IV, line 11	57,589,348	15	5,402,918	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,231,331,527	16	2,324,075,644	
Liabilities	17 Accounts payable and accrued expenses	234,303,048	17	227,029,054
	18 Grants payable	0	18	0
	19 Deferred revenue	19,529,611	19	24,199,707
	20 Tax-exempt bond liabilities	281,166,074	20	274,057,158
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	11,385,742	23	8,724,485
	24 Unsecured notes and loans payable to unrelated third parties	1,495,200	24	1,495,200
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	25,213,626	25	20,878,426	
26 Total liabilities. Add lines 17 through 25	573,093,301	26	556,384,030	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	985,313,820	27	1,071,221,124
	28 Temporarily restricted net assets	277,179,269	28	290,200,506
	29 Permanently restricted net assets	395,745,137	29	406,269,984
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,658,238,226	33	1,767,691,614	
34 Total liabilities and net assets/fund balances	2,231,331,527	34	2,324,075,644	

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	1,216,120,532
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,116,060,114
3	Revenue less expenses Subtract line 2 from line 1	3	100,060,418
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,658,238,226
5	Net unrealized gains (losses) on investments	5	6,537,406
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	2,855,564
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,767,691,614

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 39-0806261

Name: The Medical College of Wisconsin Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

Education - Approximately 1,400 students are enrolled in degree-granting educational programs at MCW. This includes 972 medical students, 327 graduate students, 95 pharmacy students, and 41 Master of Science in Anesthesia students. MCW faculty supervise more than 700 physicians in residency training and 200 physicians in fellowship training through the Medical College of Wisconsin Affiliated Hospitals, Inc. (CONTINUED IN SCHEDULE O)

Form 990, Part III, Line 4b:

Research - MCW is a major national research center and the second largest research institution in Wisconsin. In fiscal year 2018, MCW invested \$253.0 million in research, teaching, training and related purposes which will lead to improved patient care and health outcomes. This total includes \$93.5 million from the National Institutes of Health (NIH). MCW ranks in the top third of U.S. medical schools in NIH research support. (CONTINUED IN SCHEDULE O)

Form 990, Part III, Line 4c:

Patient Care - Approximately 1,600 MCW physicians and more than 650 nurse practitioners, physician assistants, and other health care practitioners provide adult patient care as the Medical College Physicians and pediatric patient care through Children's Specialty Group, a joint venture with Children's Hospital and Health System. The MCW physician practice includes doctors in every specialty and subspecialty of medicine. (CONTINUED IN SCHEDULE O)

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			
JOHN R RAYMOND SR MD TRUSTEE/PRESIDENT AND CEO	40 0 0 0	X		X				1,260,637	0	165,271
JOSEPH KERSCHNER MD TRUSTEE/PROVOST& EXEC VP, DEAN	40 0 0 0	X		X				1,044,973	0	146,978
STEPHEN ROELL TRUSTEE/CHAIRMAN	1 0 0 0	X		X				0	0	0
MARY ELLEN STANEK TRUSTEE/IMMEDIATE PAST CHAIR	1 0 0 0	X		X				0	0	0
CORY L NETTLES TRUSTEE/VICE CHAIRMAN	1 0 0 0	X		X				0	0	0
JAY B WILLIAMS TRUSTEE/SECRETARY	1 0 0 0	X		X				0	0	0
THOMAS L SPERO TRUSTEE/TREASURER	1 0 0 0	X		X				0	0	0
ELIZABETH BRENNER TRUSTEE	1 0 0 0	X						0	0	0
RICARDO DIAZ TRUSTEE	1 0 0 0	X						0	0	0
SUSAN A FEITH TRUSTEE UNTIL 1/19/18	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP B FLYNN TRUSTEE	1 0 0 0	X						0	0	0
DAVID GAY TRUSTEE	1 0 0 0	X						0	0	0
LINDA G GORENS-LEVEY TRUSTEE	1 0 0 0	X						0	0	0
PAUL W GRIEPENTROG TRUSTEE	1 0 0 0	X						0	0	0
JON D HAMMES TRUSTEE	1 0 0 0	X						0	0	0
PAUL E HANKWITZ MD TRUSTEE	1 0 0 0	X						0	0	0
JACQUELINE HERD-BARBER TRUSTEE	1 0 0 0	X						0	0	0
TED D KELLNER TRUSTEE	1 0 0 0	X						0	0	0
JUSTIN L MORTARA PHD TRUSTEE	1 0 0 0	X						0	0	0
WAYNE C OLDENBURG TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANIS M ORLOWSKI MD TRUSTEE	1 0 0 0	X						0	0	0
KRISTINA ROPELLA PHD TRUSTEE	1 0 0 0	X						0	0	0
ROY L SILVERSTEIN MD TRUSTEE	40 0 0 0	X						633,127	0	42,338
OWEN J SULLIVAN TRUSTEE	1 0 0 0	X						0	0	0
RAVINDRA P MISRA PHD DEAN, GRADUATE SCHOOL	40 0 0 0			X				186,281	0	26,680
GEORGE MACKINNON III PHD DEAN, PHARMACY SCHOOL	40 0 0 0			X				351,368	0	49,834
CHRISTOPHER P KOPS EXEC VP-FINANCE & ADMIN, COO	40 0 0 0			X				688,860	0	98,041
KURT L JANAVITZ SR VP-HEALTHCARE PARTNERSHIPS	40 0 0 0			X				292,650	0	59,511
CHERYL MAURANA PHD SR VP-ACADEMIC PARTNERSHIPS	40 0 0 0			X				476,885	0	45,317
GREGORY M WESLEY SR VP-STRATEGIC ALLIANCES	40 0 0 0			X				483,475	0	56,421

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			
JOHN T NEWSOME ESQ SR VP-GENERAL COUNSEL/ASST SEC	40 0 0 0			X				624,781	0	50,358
MARA LORD VP-COMMUNICATIONS	40 0 0 0			X				233,372	0	48,140
DANIEL WICKEHAM VP-CORP COMPLIANCE & RISK MGT	40 0 0 0			X				282,290	0	49,431
ALICE ARCHABAL VP-DEVELOPMENT	40 0 0 0			X				396,318	0	88,312
JEFFREY BORNEMANN VP-FACILITIES & OPERATIONS	40 0 0 0			X				238,018	0	43,616
KATHRYN A KUHN VP-GOVT & COMMUNITY RELATIONS	40 0 0 0			X				262,127	0	48,457
SHERRI DUCARME-WHITE VP-HR & FACULTY AFFAIRS	40 0 0 0			X				371,236	0	52,782
DAVID HOTCHKISS VP-INFORMATION SERVICES, CIO	40 0 0 0			X				338,064	0	51,912
C GREER JORDAN PHD CHIEF DIVERSITY OFFICER	40 0 0 0			X				270,974	0	48,907
BARCLAY FERGUSON CHIEF FINANCIAL OFFICER	40 0 0 0			X				358,076	0	33,474

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT LANE MD CHAIR, PROF DEPT OF PEDIATRICS	38 0 2 0				X			565,784	0	51,456
DOUGLAS B EVANS MD CHAIR, PROF DEPT OF SURGERY	40 0 0 0					X		1,610,311	0	41,094
VIKTOR HRASKA MD CHIEF, PROF PED CARDIAC SURG	3 0 37 0					X		1,833,199	0	19,494
SHEKAR N KURPAD MD CHAIR, PROF OF NEUROSURGERY	40 0 0 0					X		1,456,077	0	30,759
J CHANNING TASSONE MD PROF OF ORTHOPAEDIC SURGERY	1 0 39 0					X		1,305,172	0	41,125
RONALD K WOODS MD PROF OF PED CARDIAC SURGERY	1 0 39 0					X		1,491,481	0	51,680

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

The Medical College of Wisconsin Inc

Employer identification number

39-0806261

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	148,438,376	153,455,335	151,693,606	171,540,243	152,950,270	778,077,830
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	148,438,376	153,455,335	151,693,606	171,540,243	152,950,270	778,077,830
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)						0
6 Public support. Subtract line 5 from line 4						778,077,830

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	148,438,376	153,455,335	151,693,606	171,540,243	152,950,270	778,077,830
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,087,103	27,040,606	29,174,899	29,163,522	30,478,509	143,944,639
9 Net income from unrelated business activities, whether or not the business is regularly carried on					43,840	43,840
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	314,651	293,595	264,888	284,718	275,000	1,432,852
11 Total support. Add lines 7 through 10						923,499,161

12 Gross receipts from related activities, etc (see instructions) **12** 4,272,262,577

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	84.253%
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	84.554%

16a 33 1/3% support test—2017. 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—2016. 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—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Section B, Line 10	Other Income includes gross income from fundraising events, gross income from gaming activities, and gross sales of inventory, less returns and allowances

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

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

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

Name of the organization The Medical College of Wisconsin Inc	Employer identification number 39-0806261
--	--

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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 on 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?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		416,926
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		
j Total Add lines 1c through 1i			416,926
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1g	MCW ATTEMPTED TO INFLUENCE LEGISLATIVE AND ADMINISTRATIVE ACTION OF BOTH THE STATE OF WISCONSIN AND FEDERAL GOVERNMENTS IN AREAS THAT RELATE TO MCW'S MISSIONS THE AREAS OF LEGISLATIVE ACTION WERE EDUCATION, HEALTH, INSURANCE, BUDGET AND TAX RELATED ISSUES IN THE AREAS OF ADMINISTRATIVE ACTION, THE AGENCIES CONTACTED WERE THE WISCONSIN LEGISLATURE AND THE EXECUTIVE BRANCH INCLUDING THE STATE'S DEPARTMENT OF ADMINISTRATION, DEPARTMENT OF HEALTH SERVICES, HIGHER EDUCATIONAL AIDS BOARD, OFFICE OF COMMISSIONER OF INSURANCE, AND DEPARTMENT OF COMMERCE, AS WELL AS THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES AND DEPARTMENT OF DEFENSE LOBBYING EXPENDITURES FOR IN-HOUSE LOBBYIST'S COMPENSATION AND FRINGE BENEFITS AND EXTERNAL LOBBYIST'S CONTRACT FEES AND EXPENSES TOTALLED \$416,926
Schedule C, Part II-B, Line 1i	MCW pays membership dues to member organizations which may engage in lobbying activities Therefore, an insubstantial portion of the dues may be attributable to lobbying activities

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
39-0806261

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	875,162,690	750,699,730	777,876,016	748,266,595	597,705,212
b Contributions	20,022,269	29,552,286	23,563,395	32,663,941	72,358,750
c Net investment earnings, gains, and losses	67,684,013	124,822,969	-22,696,974	23,480,814	102,552,368
d Grants or scholarships	1,700,389	1,355,343	1,276,426	943,058	755,803
e Other expenditures for facilities and programs	26,937,799	25,051,659	23,292,487	22,355,803	20,775,819
f Administrative expenses	3,632,310	3,505,293	3,473,794	3,236,473	2,818,113
g End of year balance	930,598,474	875,162,690	750,699,730	777,876,016	748,266,595

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 40 000 %
 - b** Permanent endowment ▶ 41 000 %
 - c** Temporarily restricted endowment ▶ 19 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		410,219,676	196,705,595	213,514,081
c Leasehold improvements		17,061,364	14,808,118	2,253,246
d Equipment		250,885,735	183,640,700	67,245,035
e Other		15,841,742	950,619	14,891,123
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				297,903,485

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) CLOSELY-HELD EQUITY SECURITIES	371,911,654	F
(B) COMMINGLED EQUITY FUNDS	708,119,167	F
(C) COMMINGLED BOND FUNDS	167,774,901	F
(D) EQUITY MUTUAL FUNDS	19,668,857	F
(E) GUARANTEED INVESTMENT CONTRACTS	2,731,585	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,270,206,164	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
US GOVT SPONSORED LOAN FUND	10,011,436
INTEREST RATE SWAP AGREEMENT	10,866,990
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	20,878,426

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-0806261

Name: The Medical College of Wisconsin Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	MCW's ENDOWMENT FUNDS HAVE BEEN ESTABLISHED FOR THE FOLLOWING PURPOSES 1) PROVIDE FUNDING FOR ACTIVITIES THAT SUPPORT THE MISSIONS OF INSTRUCTION, RESEARCH, PATIENT CARE AND COMMUNITY ENGAGEMENT 2) PROVIDE A REVENUE SOURCE FOR ENDOWED PURPOSES SUCH AS SCHOLARSHIPS, STUDENT LOANS, PROFESSORSHIPS, AND PROGRAM ENHANCEMENTS 3) PROVIDE A REVENUE SOURCE FOR CAPITAL REQUIREMENTS 4) PROVIDE A REVENUE SOURCE FOR INITIATIVES OF THE ADVANCING A HEALTHIER WISCONSIN PROGRAM 5) PROVIDE A REVENUE SOURCE FOR PROGRAMS, ACTIVITIES, CONTINGENCIES AND OTHER PURPOSES AS THE BOARD OF TRUSTEES MAY CONSIDER APPROPRIATE SCHEDULE D, PART VII THE GUARANTEED INVESTMENT CONTRACTS ARE ASSETS OF A FROZEN SECTION 457 DEFINED CONTRIBUTION RETIREMENT PLAN

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	<p>FIN 48 FOOTNOTE MCW applies the standards for accounting for uncertainty in income taxes contained in FASB ASC Topic 740, Income Taxes (ASC Topic 740) ASC Topic 740 addresses the determination of how tax benefits resulting from tax positions taken or expected to be taken on a tax return should be recorded in the financial statements Under ASC Topic 740, the tax benefit from an uncertain tax position is recognized if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement MCW does not have a liability for unrecognized tax benefits as of June 30, 2018</p>

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury

Name of the organization

The Medical College of Wisconsin Inc

Employer identification number

39-0806261

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	Yes	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
PART I, LINE 3	MCW values diversity among its student body and actively recruits to promote diversity. Diversity is demonstrated by the makeup of MCW's student body. Almost half of MCW's student body is not from the State of Wisconsin and many of those from within Wisconsin are not local. Therefore, MCW's commitment to recruitment and training of a multicultural student body along with its non-discrimination policy is publicized on MCW's website and in its brochures and publications.
PART I, Line 6a	MCW receives research grants and contracts from several governmental agencies, including but not limited to, the Department of Health and Human Services, the Department of Defense, the Department of Transportation, the Department of Veterans' Affairs, the National Science Foundation and the State of Wisconsin. Many MCW students are eligible to receive federal student financial aid, including but not limited to, the Federal Primary Care Loan Program. In addition, federally guaranteed loans are issued to students of MCW through the Department of Education's Direct Loan Program. The State of Wisconsin provides tuition assistance to medical students who are Wisconsin residents.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number

39-0806261

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		1			595,445,992
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		1			595,445,992

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)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2017	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____ **5**

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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* 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).

Return Reference	Explanation
Schedule F, Part I, Line 2	<p>MCW IS THE RECIPIENT OF FEDERAL AND NON-FEDERAL GRANT FUNDS SOME OF THE GRANT AWARDS ARE SUBAWARDED TO QUALIFIED FOREIGN ORGANIZATIONS (SUBRECIPIENTS) TO CARRY OUT A PART OF THE PROJECT, BASED ON THE REQUIREMENTS OF THE PRIME AWARD TO MONITOR THE USE OF GRANT FUNDS UNDER THE SUBAWARDS, MCW ENTERS INTO SIGNED SUBAWARD AGREEMENTS WHICH CONTAIN THE TERMS AND CONDITIONS OF THE SUBAWARD RELATIONSHIP THE SUBAWARD AGREEMENTS REQUIRE THAT PRIOR TO REIMBURSEMENT OF EXPENSES THE SUBRECIPIENT MUST PROVIDE A CERTIFIED INVOICE TO MCW BEFORE APPROVAL OF AN INVOICE FOR PAYMENT, MCW VERIFIES THAT THE INVOICE AND SUPPORTING DOCUMENTATION SUBMITTED BY THE SUBRECIPIENT ARE IN LINE WITH THE APPROVED SUBAWARD BUDGET AND THAT THE COST DETAIL PRESENTED PROVIDES REASONABLE ASSURANCE THAT COSTS TO BE REIMBURSED ARE ALLOWABLE, ALLOCABLE, AND REASONABLE PROGRESS REPORTS SUBMITTED BY THE SUBRECIPIENT ARE REVIEWED TO DETERMINE THAT PROGRESS IS MADE TOWARD THE GOALS AND OBJECTIVES OF THE SUBAWARD AS FOREIGN ENTITIES ARE NOT SUBJECT TO SINGLE AUDITS, FOREIGN SUBRECIPIENTS ARE REQUIRED TO SUBMIT A SUBRECIPIENT QUESTIONNAIRE THAT DESCRIBES THEIR ACCOUNTING PRACTICES WITH REGARD TO THE SUBAWARD BASED ON THE QUESTIONNAIRE, MCW ASSESSES THE RISK OF THE ORGANIZATION AND PERFORMS ADDITIONAL MONITORING TASKS AS APPROPRIATE</p>

Return Reference	Explanation
SCHEDULE F, PARTS I and II - ACCOUNTING METHOD	EXPENDITURES PER REGION AND RESEARCH SUBAWARDS ARE REPORTED ON AN ACCRUAL BASIS, WHICH IS THE METHOD USED TO ACCOUNT FOR THEM IN THE ORGANIZATION'S FINANCIAL STATEMENTS

Additional Data

Software ID:

Software Version:

EIN: 39-0806261

Name: The Medical College of Wisconsin Inc

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
Central America and the Caribbean			Program Services	RESEARCH/SUBAWARDS	32,680
Europe (Including Iceland and Greenland)			Program Services	RESEARCH/SUBAWARDS	311,045

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			Program Services	RESEARCH/SUBAWARDS	169,006
Russia and the Newly Independent States		1	Program Services	RESEARCH/SUBAWARDS	154,678

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
South Asia			Program Services	RESEARCH/SUBAWARDS	6,408
Central America and the Caribbean			Program Services	SEMINARS/CONFERENCES	50,729

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
East Asia and the Pacific			Program Services	SEMINARS/CONFERENCES	73,918
Europe (Including Iceland and Greenland)			Program Services	SEMINARS/CONFERENCES	520,197

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	SEMINARS/CONFERENCES	18,512
North America			Program Services	SEMINARS/CONFERENCES	338,894

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
Russia and the Newly Independent States			Program Services	SEMINARS/CONFERENCES	36,174
South America			Program Services	SEMINARS/CONFERENCES	46,803

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
South Asia			Program Services	SEMINARS/CONFERENCES	21,740
Sub-Saharan Africa			Program Services	SEMINARS/CONFERENCES	35,174

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
Central America and the Caribbean			Investments		588,909,827
Europe (Including Iceland and Greenland)			Investments		4,524,259

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			Investments		195,948

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Central America and the Caribbean	RESEARCH SUBAWARD	32,680	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH SUBAWARD	156,050	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Europe (Including Iceland and Greenland)	RESEARCH SUBAWARD	43,191	CHECK			
		North America	RESEARCH SUBAWARD	86,897	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Russia and the Newly Independent States	RESEARCH SUBAWARD	126,264	WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
39-0806261

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 True Sense Donor Engagement Team In 155 COMMERCE DRIVE FREEDOM, PA 15042	telemarket services		No	93,480	40,705	52,775
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				93,480	40,705	52,775

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

.....
All States
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		DDC DINNER (event type)	GOLF EVENT (event type)	8 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	297,200	211,500	477,938	986,638
2	Less Contributions	268,600	147,201	382,996	798,797
3	Gross income (line 1 minus line 2)	28,600	64,299	94,942	187,841
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	3,890	3,890
	6 Rent/facility costs	2,054	46,850	55,537	104,441
	7 Food and beverages	99,192	38,976	77,193	215,361
	8 Entertainment	172,042	50,858	575	223,475
	9 Other direct expenses	26,384	1,560	22,412	50,356
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-409,682

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			6,325	6,325
	4 Rent/facility costs				
5	Other direct expenses			57	57
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			6,382
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities WI

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Alice Archabal VP of Development

Address ▶ 8701 Watertown Plank Road
Milwaukee, WI 53226

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information

Name ▶ ALICE ARCHABAL

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ SEE PART IV

Director/officer Employee Independent contractor

- 17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART III, LINE 16	GAMING CONSISTS OF RAFFLES CONDUCTED AS PART OF THE FUNDRAISING EVENTS HELD BY MCW ALICE ARCHABAL HAS OVERSIGHT RESPONSIBILITIES FOR FUNDRAISING EVENTS, BUT DELEGATES SPECIFIC DUTIES TO HER STAFF SHE IS COMPENSATED FOR HER ROLE AS VP OF DEVELOPMENT AND DOES NOT RECEIVE SEPARATE COMPENSATION FOR GAMING EVENTS HER ENTIRE COMPENSATION IS DISCLOSED IN PART VII AND SCHEDULE J AS AN OFFICER OF MCW

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization The Medical College of Wisconsin Inc

Employer identification number 39-0806261

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 138
3 Enter total number of other organizations listed in the line 1 table. 4

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT AWARDS	82	57,708			
(2) RESEARCH TRAINEE STIPENDS	408	821,441			
(3) MEDICAL STUDENT TRAVEL/HOUSING ALLOWANCES	24	34,967			
(4) MEDICAL STUDENT SCHOLARSHIPS - FUNDED EXTERNAL	252		2,168,531	BOOK	SCHOLARSHIPS
(5) MEDICAL STUDENT SCHOLARSHIPS - FUNDED INTERNAL	103		1,905,242	BOOK	SCHOLARSHIPS
(6) GRADUATE SCHOOL SCHOLARSHIPS	200		5,387,674	BOOK	SCHOLARSHIPS
(7) PHARMACY SCHOOL SCHOLARSHIPS	51		134,000	BOOK	SCHOLARSHIPS
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	MEDICAL, GRADUATE AND PHARMACY SCHOOL SCHOLARSHIPS ARE APPLIED DIRECTLY TO STUDENTS' ACCOUNTS AT MCW. MCW MAINTAINS RECORDS TO JUSTIFY THE AWARD DECISIONS, INCLUDING THE FINANCIAL AID ELIGIBILITY OF THE RECIPIENTS. In support of its research mission, MCW is the recipient of Federal and non-federal grant funds. Some of the grant awards are subawarded to qualified organizations (subrecipients) to carry out part of the project based on the requirements of the prime award. MCW's community engagement mission is complemented by its Advancing a Healthier Wisconsin (AHW) endowment under which funds are awarded to qualified organizations to support initiatives dedicated to improving the health of the people of Wisconsin. AHW funds are awarded under the oversight of the MCW Consortium on Public and Community Health, Inc., a related organization. LASTLY, AS PART OF ITS EDUCATION MISSION, MCW'S KERN INSTITUTE FOR THE TRANSFORMATION OF MEDICAL EDUCATION AWARDS FUNDS TO A NATIONAL NETWORK OF MEDICAL SCHOOLS WHO ARE COLLABORATING WITH A SHARED VISION TO BUILD A NEW FOUNDATION OF MEDICAL EDUCATION BASED ON CHARACTER, COMPETENCE, AND CARING. To monitor the use of awarded funds, MCW enters into signed subaward agreements which contain the terms and conditions of the subaward relationship. The subaward agreements require that prior to reimbursement of expenses, the subrecipient provides a certified invoice to MCW. Before approval of an invoice for payment, MCW verifies that the invoice and any supporting documentation submitted by the subrecipient are in line with the approved subaward budget and that the cost detail presented provides reasonable assurance that costs to be reimbursed are allowable, allocable, and reasonable. Progress reports submitted by the subrecipient are reviewed to determine that progress is being made toward the goals and objectives of the subaward. MCW obtains an annual Single Audit report, or a financial audit report or subrecipient questionnaire for organizations not subject to Single Audit requirements, to ensure that audit findings do not exist which would impact awarded funds. In cases where an audit is not required or if audit findings are noted, MCW assesses the risk of the organization and performs additional monitoring tasks as appropriate.

Additional Data

Software ID:
Software Version:
EIN: 39-0806261
Name: The Medical College of Wisconsin Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
16TH ST COMMUNITY HEALTH CENTER 1337 S 16TH ST 2ND FLR MILWAUKEE, WI 53204	39-1180475	501(c)(3)	101,945				ADVANCE HEALTH WI
16TH ST COMMUNITY HEALTH CENTER 1337 S 16TH ST 2ND FLR MILWAUKEE, WI 53204	39-1180475	501(c)(3)	20,522				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD 2100 CHICAGO, IL 60606	36-3412054	501(c)(3)	52,583				RESEARCH SUBAWARD
AIDS RESOURCE CENTER OF WISCONSIN INC PO BOX 510498 MILWAUKEE, WI 53203	39-1534049	501(c)(3)	152,702				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS TASKFORCE OF GREATER CLEVELAND 3210 EUCLID AVENUE CLEVELAND, OH 44115	34-1433612	501(c)(3)	66,730				RESEARCH SUBAWARD
ALMA CENTER INC 2821 N 4TH STREET MILWAUKEE, WI 53212	36-4530524	501(c)(3)	10,065				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS CHILDRENS HOSPITAL RESEARCH INST 13 CHILDRENS WAY LITTLE ROCK, AK 72202	71-0694931	501(c)(3)	18,000				RESEARCH SUBAWARD
AURORA HEALTH CARE INC 750 W VIRGINIA STREET MILWAUKEE, WI 53234	39-1442285	501(c)(3)	68,478				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANYAN BIOMARKERS INC 16744 W BERNARDO DR SAN DIEGO, CA 92127	20-1449566	N/A	241,844				RESEARCH SUBAWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(c)(3)	80,598				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENAROYA RESEARCH INSTITUTE 1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(c)(3)	24,979				RESEARCH SUBAWARD
BENEDICT CENTER 135 W WELLS ST STE 700 MILWAUKEE, WI 53203	39-1226475	501(c)(3)	8,655				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIENESTAR HUMAN SERVICES INC 5326 E BEVERLY BLVD LOS ANGELES, CA 90022	95-4505737	501(c)(3)	103,698				RESEARCH SUBAWARD
BROWN COUNTY UNITED WAY 112 N ADAMS ST STE 201 GREEN BAY, WI 54301	39-0806299	501(c)(3)	26,284				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BOULEVARD NOVATO, CA 94945	94-3030609	501(c)(3)	331,579				RESEARCH SUBAWARD
CELEBRATE CHILDREN FOUNDATION 110 E MAIN STREET STE 810 MADISON, WI 53703	39-1946398	501(c)(3)	93,412				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HOUSING AND HEALTH 200 W JACKSON BLVD 2100 CHICAGO, IL 60606	26-4287202	501(c)(3)	357,000				RESEARCH SUBAWARD
CENTER FOR VETERANS ISSUES LTD 315 W COURT STREET MILWAUKEE, WI 53212	39-1712359	501(c)(3)	44,488				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR YOUTH ENGAGEMENT 4850 W FOND DU LAC AVE MILWAUKEE, WI 53212	39-1981273	501(c)(3)	43,801				ADVANCE HEALTH WI
CHILDRENS HEALTHCARE OF ATLANTA INC 1584 TULLIE CIRCLE ATLANTA, GA 30329	58-2367819	501(c)(3)	6,349				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF WISCONSIN 9000 W WISCONSIN AVENUE MILWAUKEE, WI 53201	39-0812532	501(c)(3)	869,479				RESEARCH SUBAWARD
CITY OF MILWAUKEE HEALTH DEPARTMENT 841 N BROADWAY MILWAUKEE, WI 53202	39-6005532	GOVT	10,111				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION 9500 EUCLIND AVE JLN5 CLEVELAND, OH 44195	91-2153073	501(c)(3)	11,418				RESEARCH SUBAWARD
COLUMBIA UNIVERSITY 615 WEST 131ST ST NEW YORK, NY 10027	13-5598093	501(c)(3)	34,940				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCORDIA UNIVERSITY WISCONSIN 12800 N LAKE SHORE DRIVE MEQUON, WI 53097	39-0833608	501(c)(3)	40,312				RESEARCH SUBAWARD
COOPERATIVE EDUCATION SERVICE AGENCY #7 595 BAETEN ROAD GREEN BAY, WI 54304	39-1515860	501(c)(3)	91,952				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(c)(3)	36,219				RESEARCH SUBAWARD
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755	02-0222111	501(c)(3)	287,398				TRANSFRM MED EDUC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSE AND RESILIENT INC 2439 HOLTON STREET MILWAUKEE, WI 53202	30-0084616	501(c)(3)	91,121				ADVANCE HEALTH WI
DUKE UNIVERSITY 324 BLACKWELL ST BLDG 850 DURHAM, NC 27701	56-0532129	501(c)(3)	138,210				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT 720 2ND AVENUE EAU CLAIRE, WI 54703	39-6005436	GOVT	231,218				ADVANCE HEALTH WI
EMMES CORPORATION THE 401 N WASHINGTON ST ROCKVILLE, MD 20850	54-1058268	N/A	3,542,454				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(c)(3)	11,261				RESEARCH SUBAWARD
FAMILIES AND SCHOOLS TOGETHER INC 2801 INTERNATIONAL LN 212 MADISON, WI 53704	39-1895298	501(c)(3)	10,000				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING AMERICA EASTERN WISCONSIN INC 1700 W FOND DU LAC AVE MILWAUKEE, WI 53205	39-1384593	501(c)(3)	53,849				ADVANCE HEALTH WI
FOND DU LAC SCHOOL DISTRICT 72 W 9TH STREET FOND DU LAC, WI 54935	39-1411371	GOVT	13,097				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FONDY FOOD CENTER INC 2347 W FOND DU LAC AVE MILWAUKEE, WI 53206	31-1751969	501(c)(3)	18,405				ADVANCE HEALTH WI
FOUNDATIONS HEALTH AND WHOLENESS INC 1061 W MASON STREET GREEN BAY, WI 54303	39-1047205	N/A	90,649				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FARVIEW AVE N SEATTLE, WA 98109	23-7156071	501(c)(3)	190,348				RESEARCH SUBAWARD
GENEVA FOUNDATION 917 PACIFIC AVENUE NO 600 TACOMA, WA 98402	91-1593913	501(c)(3)	409,996				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CANCER CTR & RESEARCH INST 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(c)(3)	14,728				RESEARCH SUBAWARD
HEALTH RESEARCH INC ROSWELL PARK CANCER INS ELM CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(c)(3)	5,409				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMAGING BIOMETRICS LLC 13416 WATERTWN PLANK RD ELM GROVE, WI 53122	56-2633169	N/A	98,850				RESEARCH SUBAWARD
INDIANHEAD COMMUNITY ACTION AGENCY 1000 COLLEGE AVE W 40 LADYSMITH, WI 54848	39-1086966	501(c)(3)	32,874				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTER TRIBAL COUNCIL OF MICHIGAN INC 2956 ASHMUN ST SAULT STE MARIE, MI 49783	38-1893519	501(c)(3)	27,751				RESEARCH SUBAWARD
INTERFAITH SENIOR PROGRAM INC 210 NW BARSTOW STREET WAUKESHA, WI 53188	39-1393171	501(c)(3)	10,000				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON LABORATORY THE 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(c)(3)	142,956				RESEARCH SUBAWARD
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N4327B BALTIMORE, MD 21211	52-0595110	501(c)(3)	22,024				RESEARCH SUBAWARD

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

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KENOSHA COUNTY 8600 SHERIDAN ROAD KENOSHA, WI 53143	39-6005707	GOVT	6,306				ADVANCE HEALTH WI
LA CROSSE COUNTY HEALTH DEPARTMENT 300 4TH STREET N LA CROSSE, WI 54601	39-6005709	GOVT	113,777				ADVANCE HEALTH WI

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

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LAC DU FLAMBEAU PUBLIC SCHOOL DISTRICT 2899STATE HWY 47 S LAC DU FLMBEAU, WI 54538	39-6002022	GOVT	265,403				ADVANCE HEALTH WI
LAUREATE INSTITUTE FOR BRAIN RESEARCH 6655 SOUTH YALE AVENUE TULSA, OK 74136	73-1328881	501(c)(3)	10,960				RESEARCH SUBAWARD

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

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LAWRENCE BERKELEY NATIONAL LAB ONE CYCLOTRON RD BERKELEY, CA 94720	94-2951741	GOVT	208,701				RESEARCH SUBAWARD
LEHIGH UNIVERSITY 526 BROADHEAD AVENUE BETHLEHEM, PA 18015	24-0795445	501(c)(3)	52,846				RESEARCH SUBAWARD

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

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LOYOLA UNIV OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(c)(3)	94,527				RESEARCH SUBAWARD
LURIE CHILDRENS HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-2170833	501(c)(3)	10,387				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARATHON COUNTY 500 FOREST STREET WAUSAU, WI 54403	39-6005716	GOVT	131,619				ADVANCE HEALTH WI
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(c)(3)	123,323				ADVANCE HEALTH WI

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

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MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(c)(3)	368,865				RESEARCH SUBAWARD
MARSHFIELD CLINIC 1000 NORTH OAK AVE MARSHFIELD, WI 54449	39-0452970	501(c)(3)	54,939				RESEARCH SUBAWARD

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

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MASHKISIBI BOYS AND GIRLS CLUB 72830 ELM ST PO BOX 233 ODANAH, WI 54861	30-0028025	501(c)(3)	7,173				ADVANCE HEALTH WI
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	11,880				TRANSFRM MED EDUC

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

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MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	82,184				RESEARCH SUBAWARD
MECKLENBERG EMS AGENCY 4525 STATESVILLE ROAD CHARLOTTE, NC 28269	56-1989558	GOVT	26,529				RESEARCH SUBAWARD

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

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MENTAL HEALTH AMERICA OF WISCONSIN 600 W VIRGINIA ST 502 MILWAUKEE, WI 53204	39-0827843	501(c)(3)	209,572				ADVANCE HEALTH WI
MENTAL HEALTH AMERICA OF WISCONSIN 600 W VIRGINIA ST 502 MILWAUKEE, WI 53204	39-0827843	501(c)(3)	11,279				RESEARCH SUBAWARD

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

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MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD EAST LANSING, MI 48824	38-6005984	GOVT	112,558				RESEARCH SUBAWARD
MILWAUKEE AREA TECHNICAL COLLEGE 700 W STATE STREET MILWAUKEE, WI 53233	39-6003459	GOVT	20,088				TRANSFRM MED EDUC

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

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MILWAUKEE CENTER FOR CHILDREN AND YOUTH INC 1908 N WARREN AVENUE MILWAUKEE, WI 53202	45-3068553	501(c)(3)	12,597				ADVANCE HEALTH WI
MILWAUKEE COUNTY 9201 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-6005720	GOVT	61,608				ADVANCE HEALTH WI

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

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MILWAUKEE PUBLIC SCHOOLS 5225 WEST VLIET STREET MILWAUKEE, WI 53208	39-6003457	GOVT	73,747				ADVANCE HEALTH WI
MILWAUKEE SCHOOL OF ENGINEERING 1025 N BROADWAY ST MILWAUKEE, WI 53202	39-0477970	501(c)(3)	185,303				RESEARCH SUBAWARD

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

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MONTANA STATE UNIVERSITY PO BOX 172220 BOZEMAN, MT 59717	81-6010045	GOVT	17,517				RESEARCH SUBAWARD
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(c)(3)	14,945				RESEARCH SUBAWARD

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

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NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY ST NE MINNEAPOLIS, MN 55413	84-0865803	501(c)(3)	8,512,173				RESEARCH SUBAWARD
NATIONWIDE CHILDRENS HOSPITAL INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	230,859				RESEARCH SUBAWARD

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

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NE WI AREA HEALTH EDUCATION CENTER INC 925 SOUTH 15TH STREET MANITOWOC, WI 54220	39-1825838	501(c)(3)	9,983				ADVANCE HEALTH WI
NORTHSHORE UNIV HEALTHSYSTEM RESEARCH INST 1301 CENTRAL STREET EVANSTON, IL 60201	36-2167060	501(c)(3)	44,678				RESEARCH SUBAWARD

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

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NORTHLAKES COMMUNITY CLINIC 7665 US HIGHWAY 2 IRON RIVER, WI 54847	35-2297925	501(c)(3)	126,418				ADVANCE HEALTH WI
NORTHWESTERN UNIVERSITY 633 NORTH CLARK STREET EVANSTON, IL 60208	36-2167817	501(c)(3)	46,420				RESEARCH SUBAWARD

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OCONTO COUNTY HEALTH & HUMAN SERVICES 501 PARK AVENUE OCONTO, WI 54153	39-6005722	GOVT	7,300				ADVANCE HEALTH WI
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(c)(3)	29,041				RESEARCH SUBAWARD

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PENNSYLVANIA STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	GOVT	18,664				RESEARCH SUBAWARD
PLANNED PARENTHOOD OF WISCONSIN INC 302 NORTH JACKSON MILWAUKEE, WI 53202	39-0863391	501(c)(3)	16,401				ADVANCE HEALTH WI

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PREVENT BLINDNESS WISCONSIN INC 759 N MILWAUKEE ST 305 MILWAUKEE, WI 53202	39-6096227	501(c)(3)	69,866				ADVANCE HEALTH WI
PREVENTION INSTITUTE 221 OAK STREET OAKLAND, CA 94607	94-3282858	501(c)(3)	30,192				ADVANCE HEALTH WI

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RACINE COUNTY 730 WISCONSIN AVE RACINE, WI 53403	39-6005734	GOVT	232,006				ADVANCE HEALTH WI
RESEARCH INST AT NATIONWIDE CHILDRENS HOSP 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	176,389				RESEARCH SUBAWARD

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ROCK COUNTY PUBLIC HEALTH DEPARTMENT 51 S MAIN STREET JANESVILLE, WI 53545	39-6005736	GOVT	5,095				ADVANCE HEALTH WI
ROGERS MEMORIAL HOSPITAL FOUNDATION 34700 VALLEY ROAD OCONOMOWOC, WI 53066	39-1363507	501(c)(3)	19,647				ADVANCE HEALTH WI

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RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ROOM 150 CHICAGO, IL 60612	36-2174823	501(c)(3)	14,035				RESEARCH SUBAWARD
SET MINISTRY INC 2977 N 50 STREET MILWAUKEE, WI 53210	39-1618277	501(c)(3)	103,024				ADVANCE HEALTH WI

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SLOAN-KETTERING INST FOR CANCER RESEARCH 1275 YORK AVENUE NEW YORK, NY 10065	13-1624182	501(c)(3)	22,983				RESEARCH SUBAWARD
SOUTHWESTRN WISCONSIN COMMUNITY ACTION PROG 149 N IOWA STREET DODGEVILLE, WI 53533	39-1053511	501(c)(3)	147,996				ADVANCE HEALTH WI

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STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(c)(3)	26,666				RESEARCH SUBAWARD
THOMAS JEFFERSON UNIVERSITY 601 WALNUT STREET PHILADELPHIA, PA 19106	23-1352651	501(c)(3)	9,416				RESEARCH SUBAWARD

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TOGETHER FOR JACKSON COUNTY KIDS 227 S 11TH ST BLACK RIVER FALLS, WI 54615	39-6005703	GOVT	120,963				ADVANCE HEALTH WI
TUFTS UNIVERSITY 169 HOLLAND STREET SUMERVILLE, MA 02144	04-2103634	501(c)(3)	185,088				RESEARCH SUBAWARD

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UNITED COMMUNITY CENTER 1028 S 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(c)(3)	72,087				ADVANCE HEALTH WI
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE ST MILWAUKEE, WI 53212	39-0806190	501(c)(3)	62,484				ADVANCE HEALTH WI

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UNITED WAY PORTAGE COUNTY INC 1100 CENTERPOINT DR STEVENS POINT, WI 54481	39-0831152	501(c)(3)	91,201				ADVANCE HEALTH WI
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	GOVT	13,748				RESEARCH SUBAWARD

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UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD TUCSON, AZ 85719	86-6004791	GOVT	23,586				RESEARCH SUBAWARD
UNIVERSITY OF CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	GOVT	101,044				RESEARCH SUBAWARD

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UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143	GOVT	58,805				RESEARCH SUBAWARD
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	GOVT	9,090				ADVANCE HEALTH WI

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UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	GOVT	176,530				RESEARCH SUBAWARD
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET 425 SAN FRANCISCO, CA 94143	94-6036493	GOVT	169,577				TRANSFRM MED EDUC

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

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UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET 425 SAN FRANCISCO, CA 94143	94-6036493	GOVT	58,630				RESEARCH SUBAWARD
UNIVERSITY OF CHICAGO 6054 S DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(c)(3)	10,249				RESEARCH SUBAWARD

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

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UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE CINCINNATI, OH 45221	31-6000989	GOVT	248,489				RESEARCH SUBAWARD
UNIVERSITY OF COLORADO 1800 N GRANT ST SUITE 400 DENVER, CO 80203	84-6000555	GOVT	18,393				RESEARCH SUBAWARD

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UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVENUE FARMINGTON, CT 06030	52-1725543	GOVT	6,405				RESEARCH SUBAWARD
UNIVERSITY OF HOUSTON 4302 UNIV DRIVE ROOM 316 HOUSTON, TX 77204	74-6001399	GOVT	187,653				RESEARCH SUBAWARD

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UNIVERSITY OF ILLINOIS 506 SOUTH WRIGHT STREET URBANA, IL 61801	37-6000511	GOVT	148,267				RESEARCH SUBAWARD
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	GOVT	42,518				RESEARCH SUBAWARD

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UNIVERSITY OF MICHIGAN 1000 VICTORS WAY STE 1A ANN ARBOR, MI 48108	38-6006309	GOVT	69,898				RESEARCH SUBAWARD
UNIVERSITY OF MINNESOTA 200 OAK ST SE STE 450 MINNEAPOLIS, MN 55455	41-6007513	GOVT	62,561				RESEARCH SUBAWARD

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UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 309 CHAPEL HILL, NC 27514	56-6001393	GOVT	330,607				RESEARCH SUBAWARD
UNIVERSITY OF OKLAHOMA PO BOX 26901 OKLAHOMA CITY, OK 73126	73-6017987	GOVT	29,578				RESEARCH SUBAWARD

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

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UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	149,686				RESEARCH SUBAWARD
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15235	25-0965591	GOVT	90,365				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 1325 MT HOPE AVENUE ROCHESTER, NY 14620	16-0743209	501(c)(3)	54,959				RESEARCH SUBAWARD
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	GOVT	128,240				TRANSFRM MED EDUC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF TEXAS HEALTH SCIENCE CENTER HOUSTON 7000 FANNIN UCT 1006 HOUSTON, TX 77030	74-1761309	GOVT	15,731				RESEARCH SUBAWARD
UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	75-6002868	GOVT	189,725				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 75 SOUTH 2000 EAST SALT LAKE CITY, UT 84112	87-6000525	GOVT	59,548				RESEARCH SUBAWARD
UNIVERSITY OF WASHINGTON 3903 BROOKLYN AVENUE SEATTLE, WA 98105	91-6001537	GOVT	22,990				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WI HOSPITAL AND CLINICS AUTH 1675 HIGHWAY AVENUE MADISON, WI 53792	39-1835630	GOVT	7,725				ADVANCE HEALTH WI
UNIVERSITY OF WI HOSPITAL AND CLINICS AUTH 1675 HIGHWAY AVENUE MADISON, WI 53792	39-1835630	GOVT	122,381				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN LA CROSSE 1725 STATE STREET LA CROSSE, WI 54601	39-1805963	GOVT	225,130				ADVANCE HEALTH WI
UNIVERSITY OF WISCONSIN MADISON 21 N PARK ST SUITE 6401 MADISON, WI 53715	39-6006492	GOVT	159,211				TRANSFRM MED EDUC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN MADISON 21 N PARK ST SUITE 6401 MADISON, WI 53715	39-6006492	GOVT	2,485,592				RESEARCH SUBAWARD
UNIVERSITY OF WISCONSIN MILWAUKEE PO BOX 413 MILWAUKEE, WI 53201	39-1805963	GOVT	65,550				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN MILWAUKEE PO BOX 413 MILWAUKEE, WI 53201	39-1805963	GOVT	397,138				RESEARCH SUBAWARD
UNIVERSITY OF WISCONSIN MILWAUKEE PO BOX 413 MILWAUKEE, WI 53201	39-1805963	GOVT	34,523				TRANSFRM MED EDUC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(c)(3)	218,923				TRANSFRM MED EDUC
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(c)(3)	92,532				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERSITI WISCONSIN INC PO BOX 2178 MILWAUKEE, WI 53201	39-0807235	501(c)(3)	174,590				ADVANCE HEALTH WI
VERSITI WISCONSIN INC PO BOX 2178 MILWAUKEE, WI 53201	39-0807235	501(c)(3)	1,289,579				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC INST& STATE UNIVERSITY 300 TURNER ST STE 4200 BLACKSBURG, VA 24061	54-6001805	GOVT	77,033				RESEARCH SUBAWARD
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(c)(3)	11,692				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(c)(3)	9,392				RESEARCH SUBAWARD
WALNUT WAY CONSERVATION CORP 2247 NORTH 17TH STREET MILWAUKEE, WI 53205	39-2007850	501(c)(3)	18,940				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX1034 ST LOUIS, MO 63112	43-0653611	501(c)(3)	150,203				RESEARCH SUBAWARD
WAYNE STATE UNIVERSITY 5700 CASS AVENUE DETROIT, MI 48202	38-6028429	GOVT	29,340				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL CORNELL MEDICINE 575 LEXINGTON AVE NEW YORK, NY 10022	13-1623978	501(c)(3)	10,843				RESEARCH SUBAWARD
WESLEY COMMUNITY CENTER INC 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(c)(3)	43,614				RESEARCH SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINNEBAGO COUNTY 112 OTTER AVE OSHKOSH, WI 54901	39-6005760	GOVT	200,704				ADVANCE HEALTH WI
WISCONSIN ASSN OF FREE & CHARITABLE CLINICS 4979 HICKORY COURT ELKHORN, WI 53121	47-2298281	501(c)(3)	119,527				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN EARLY CHILDHOOD ASSN 2908 MARKETPLACE DRIVE FITCHBURG, WI 53719	39-1345572	501(c)(3)	26,829				ADVANCE HEALTH WI
WISCONSIN LITERACY INC 211 S PATERSON ST STE 260 MADISON, WI 53703	39-1628898	501(c)(3)	89,313				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN MEDICAL SOCIETY INC 330 EAST LAKESIDE STREET MADISON, WI 53701	39-0634758	501(c)(3)	39,460				RESEARCH SUBAWARD
WISCONSIN PHARMACY FOUNDATION INC 701 HEARTLAND TRAIL MADISON, WI 53717	39-0714490	501(c)(3)	13,923				ADVANCE HEALTH WI

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN PUBLIC HEALTH ASSN 702 EISENHOWER DR STE A KIMBERLY, WI 54136	39-6084243	501(c)(3)	15,192				ADVANCE HEALTH WI

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STUDENT AWARDS	82	57,708			
RESEARCH TRAINEE STIPENDS	408	821,441			
MEDICAL STUDENT TRAVEL/HOUSING ALLOWANCES	24	34,967			
MEDICAL STUDENT SCHOLARSHIPS - FUNDED EXTERNAL	252		2,168,531	BOOK	SCHOLARSHIPS
MEDICAL STUDENT SCHOLARSHIPS - FUNDED INTERNAL	103		1,905,242	BOOK	SCHOLARSHIPS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRADUATE SCHOOL SCHOLARSHIPS	200		5,387,674	BOOK	SCHOLARSHIPS
PHARMACY SCHOOL SCHOLARSHIPS	51		134,000	BOOK	SCHOLARSHIPS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
39-0806261

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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.</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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
SCHEDULE J, PART I, LINE 1	MCW PAID BUSINESS SOCIAL CLUB MEMBERSHIP DUES ON BEHALF OF THREE OFFICERS AND ONE OF ITS HIGHEST COMPENSATED EMPLOYEES DURING CALENDAR YEAR 2017. MEMBERSHIPS ARE USED FOR MONTHLY BOARD AND COMMITTEE MEETINGS AND FOR OTHER BUSINESS MEETINGS. PERSONAL USE OF THE CLUBS BY THESE INDIVIDUALS IS REPORTED TO MCW AND IS TREATED AS A TAXABLE EVENT TO THE INDIVIDUAL. MCW PROVIDED DISCRETIONARY SPENDING ACCOUNTS TO SIX OFFICERS AND ONE OF ITS HIGHEST COMPENSATED EMPLOYEES. THE SPENDING ACCOUNTS ARE NOT PART OF AN ACCOUNTABLE PLAN AND ARE FULLY TAXABLE TO THESE INDIVIDUALS.
SCHEDULE J, PART I, LINE 4B	MCW maintains a section 457(f) supplemental nonqualified retirement plan for certain eligible employees. Six individuals listed on Form 990, Part VII currently participate in the plan. Under the plan, MCW contributes a defined amount for each participant based on a percentage of each participant's base salary. Participants vest in their contributions for a plan year on the last day of the third plan year for each plan year they are a participant. Distributions are made to the eligible participants in a single, lump sum payment when contributions become vested.
SCHEDULE J, PART I, LINE 6	THE PHYSICIANS' INCENTIVE PAYMENTS ARE BASED ON THE PROFITABILITY OF THEIR INDIVIDUAL PRACTICE GROUPS, NOT MCW AS A WHOLE. THE INDIVIDUAL PRACTICE GROUPS ARE CONTAINED IN EITHER MCW OR CHILDREN'S SPECIALTY GROUP, INC, A RELATED ORGANIZATION.
SCHEDULE J, PART I, LINE 7	SELECTED OFFICERS ARE ELIGIBLE FOR INCENTIVE COMPENSATION BASED ON QUANTIFIABLE METRICS APPROVED IN ADVANCE. A PORTION OF SUCH COMPENSATION IS SUBJECT TO THE DISCRETION OF THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES, OR DELEGATED BY THE NOMINATING AND GOVERNANCE COMMITTEE TO THE PRESIDENT, PROVOST & EXECUTIVE VP, OR EXECUTIVE VP-FINANCE & ADMINISTRATION.
SCHEDULE J, PART II	Roy L. Silverstein, MD, IS COMPENSATED AS CHAIR AND PROFESSOR OF Medicine, not for his role as trustee.

Additional Data

Software ID:
Software Version:
EIN: 39-0806261
Name: The Medical College of Wisconsin Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN R RAYMOND SR MD TRUSTEE/PRESIDENT AND CEO	(i)	942,727	249,772	68,138	138,160	27,111	1,425,908	0
	(ii)	0	0	0	0	0	0	0
1JOSEPH KERSCHNER MD TRUSTEE/PROVOST& EXEC VP, DEAN	(i)	785,570	175,000	84,403	119,040	27,938	1,191,951	0
	(ii)	0	0	0	0	0	0	0
2ROY L SILVERSTEIN MD TRUSTEE	(i)	571,863	59,686	1,578	21,600	20,738	675,465	0
	(ii)	0	0	0	0	0	0	0
3RAVINDRA P MISRA PHD DEAN, GRADUATE SCHOOL	(i)	179,432	5,600	1,249	15,088	11,592	212,961	0
	(ii)	0	0	0	0	0	0	0
4GEORGE MACKINNON III PHD DEAN, PHARMACY SCHOOL	(i)	302,790	47,840	738	21,600	28,234	401,202	0
	(ii)	0	0	0	0	0	0	0
5CHRISTOPHER P KOPS EXEC VP-FINANCE & ADMIN, COO	(i)	524,645	92,956	71,259	87,046	10,995	786,901	0
	(ii)	0	0	0	0	0	0	0
6KURT L JANAVITZ SR VP-HEALTHCARE PARTNERSHIPS	(i)	247,404	39,375	5,871	55,600	3,911	352,161	0
	(ii)	0	0	0	0	0	0	0
7CHERYL MAURANA PHD SR VP-ACADEMIC PARTNERSHIPS	(i)	423,483	48,157	5,245	21,600	23,717	522,202	0
	(ii)	0	0	0	0	0	0	0
8GREGORY M WESLEY SR VP-STRATEGIC ALLIANCES	(i)	403,333	70,545	9,597	54,004	2,417	539,896	0
	(ii)	0	0	0	0	0	0	0
9JOHN T NEWSOME ESQ SR VP-GENERAL COUNSEL/ASST SEC	(i)	427,937	181,479	15,365	21,600	28,758	675,139	0
	(ii)	0	0	0	0	0	0	0
10MARA LORD VP-COMMUNICATIONS	(i)	189,899	28,119	15,354	18,519	29,621	281,512	0
	(ii)	0	0	0	0	0	0	0
11DANIEL WICKEHAM VP-CORP COMPLIANCE & RISK MGT	(i)	231,629	31,129	19,532	21,520	27,911	331,721	0
	(ii)	0	0	0	0	0	0	0
12ALICE ARCHABAL VP-DEVELOPMENT	(i)	308,860	71,007	16,451	59,616	28,696	484,630	0
	(ii)	0	0	0	0	0	0	0
13JEFFREY BORNEMANN VP-FACILITIES & OPERATIONS	(i)	199,526	27,694	10,798	19,369	24,247	281,634	0
	(ii)	0	0	0	0	0	0	0
14KATHRYN A KUHN VP-GOVT & COMMUNITY RELATIONS	(i)	221,046	28,058	13,023	20,501	27,956	310,584	0
	(ii)	0	0	0	0	0	0	0
15SHERRI DUCHARME-WHITE VP-HR & FACULTY AFFAIRS	(i)	324,916	44,198	2,122	21,600	31,182	424,018	0
	(ii)	0	0	0	0	0	0	0
16DAVID HOTCHKISS VP-INFORMATION SERVICES, CIO	(i)	297,474	39,873	717	21,600	30,312	389,976	0
	(ii)	0	0	0	0	0	0	0
17C GREER JORDAN PHD CHIEF DIVERSITY OFFICER	(i)	195,943	64,437	10,594	21,447	27,460	319,881	0
	(ii)	0	0	0	0	0	0	0
18BARCLAY FERGUSON CHIEF FINANCIAL OFFICER	(i)	336,092	21,197	787	21,600	11,874	391,550	0
	(ii)	0	0	0	0	0	0	0
19ROBERT LANE MD CHAIR, PROF DEPT OF PEDIATRICS	(i)	496,068	69,497	219	21,600	29,856	617,240	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 DOUGLAS B EVANS MD CHAIR, PROF DEPT OF SURGERY	(i)	1,103,928	489,673	16,710	21,600	19,494	1,651,405	0
	(ii)	0	0	0	0	0	0	0
1 VIKTOR HRASKA MD CHIEF, PROF PED CARDIAC SURG	(i)	1,812,981	0	20,218	0	19,494	1,852,693	0
	(ii)	0	0	0	0	0	0	0
2 SHEKAR N KURPAD MD CHAIR, PROF OF NEUROSURGERY	(i)	1,258,980	195,757	1,340	21,600	9,159	1,486,836	0
	(ii)	0	0	0	0	0	0	0
3 J CHANNING TASSONE MD PROF OF ORTHOPAEDIC SURGERY	(i)	793,722	511,000	450	21,600	19,525	1,346,297	0
	(ii)	0	0	0	0	0	0	0
4 RONALD K WOODS MD PROF OF PED CARDIAC SURGERY	(i)	1,082,687	400,000	8,794	21,600	30,080	1,543,161	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 The Medical College of Wisconsin Inc

Employer identification number
 39-0806261

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WHEFA SERIES 2008A	39-1337855	97710BDG4	07-30-2008	80,302,421	CAPITAL PROJ/REF 2004B1 SERIES	X			X		X
B WHEFA SERIES 2008B	39-1337855	97710BDK5	09-04-2008	67,500,000	REFUND WHEFA 2004B2 SERIES		X		X		X
C WHEFA SERIES 2010	39-1337855	97710BZK1	11-24-2010	29,248,225	REFUND WHEFA 1996 AND 1997 SERIES		X		X		X
D WHEFA SERIES 2014A	39-1337855	000000000	12-16-2014	18,450,000	REFUND 2004A SERIES/CAP PROJ		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	13,105,000	0	22,600,000	5,075,000				
2	Amount of bonds legally defeased	63,620,000	0	0	0				
3	Total proceeds of issue	80,907,664	67,501,101	29,248,225	18,452,915				
4	Gross proceeds in reserve funds	775,306	0	60	0				
5	Capitalized interest from proceeds	6,709,813	0	0	0				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	874,539	474,412	470,900	234,172				
8	Credit enhancement from proceeds	0	676,689	0	0				
9	Working capital expenditures from proceeds	0	0	0	0				
10	Capital expenditures from proceeds	44,078,900	0	0	752,153				
11	Other spent proceeds	29,057,171	66,350,000	28,777,325	17,466,590				
12	Other unspent proceeds	0	0	0	0				
13	Year of substantial completion	2013				2015			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X				X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?	X		X				X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 185 %		1 172 %		0 %		1 080 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %				0 %	
6 Total of lines 4 and 5	1 185 %		1 172 %				1 080 %	
7 Does the bond issue meet the private security or payment test?		X		X				X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X					X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .	0 032 %		0 081 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X					X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X				X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?	X		X		X		X	
c No rebate due?	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		X
b Name of provider	0		GOLDMAN SACHS		0		0	
c Term of hedge			2520 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I	THE SERIES 2016 BONDS WERE ISSUED TO FUND THE CONSTRUCTION OF A PROFESSIONAL OFFICE BUILDING, TO FUND RENOVATION PROJECTS AND TO ADVANCE-REFUND A PORTION OF THE SERIES 2008A BONDS THE SERIES 2016 BONDS WERE INCLUDED ON TWO FORM 8038'S UPON ISSUANCE ONE FORM 8038 REPORTED THE NEW AMOUNTS BORROWED AND THE OTHER REPORTED THE REFUNDING OF THE SERIES 2008A BONDS THE ISSUE PRICE LISTED ON SCHEDULE K, PART 1, FOR SERIES 2016 REPRESENTS THE TOTAL ISSUE PRICE REPORTED ON THE TWO FORM 8038'S IN ADDITION, THE FINAL CUSIP NUMBER LISTED ON SCHEDULE K, PART 1, FOR SERIES 2016 REPRESENTS THE LATEST OF THE CUSIP NUMBERS REPORTED ON THE TWO FORM 8038'S THE CUSIP NUMBER REPORTED ON THE OTHER FORM 8038 IS 97712DPS9 SCHEDULE K, PART II, LINE 3 Differences between the issue price and the proceeds of the bond issue for Series 2008A, Series 2008B, Series 2014A and Series 2016 relate to investment income earned on construction and reserve funds

Return Reference	Explanation
SCHEDULE K, PART III	Part III of Schedule K was prepared to account for funds used for new projects (post-December 31, 2002) of each bond issue and does not include any portion which refunded pre-December 31, 2002 bond issues Schedule K, Part III, LINES 3B & 3D MCW utilizes internal counsel to review its management contracts, service contracts and research agreements relating to financed assets SCHEDULE K, PART IV, LINE 2C, GROUP 1 COLUMN A - A REBATE COMPUTATION WAS PERFORMED ON 10/01/2013 COLUMN B - A REBATE COMPUTATION WAS PERFORMED ON 10/04/2013 COLUMN C - A REBATE COMPUTATION WAS PERFORMED ON 12/02/2015

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization The Medical College of Wisconsin Inc

Employer identification number 39-0806261

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include WHEFA SERIES 2014B and WHEFA SERIES 2016.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), A, B, C, D, Yes, No. Includes questions 14-17 regarding bond issuance and record keeping.

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in private business use of bond-financed property?), A, B, C, D, Yes, No.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?			X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				X				
c Are there any research agreements that may result in private business use of bond-financed property?			X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 472 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶				0 %				
6 Total of lines 4 and 5				0 472 %				
7 Does the bond issue meet the private security or payment test?				X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?				X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?				X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
39-0806261

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting 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) MARCELLE NEUBURG MD	WIFE OF TRUSTEE	24,406	PROFESSOR, DERMATOLOGY		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
39-0806261

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		199	Sale of Comparables
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	43	1,638,435	Cost/ Selling price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Skills simulation trainer)	X	1	595	Cost/ Selling price
26 Other ▶ (Sports Tickets)	X	6	2,866	Cost/ Selling price
27 Other ▶ (Patient Gifts)	X	1	630	Cost/ Selling price
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Column (B)	The amounts listed in Column (B) for all property types represent total number of contributions received, not individual items

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number

39-0806261

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I & III, LINE 1 - CONTINUED	SCIENTISTS, PHARMACISTS, AND HEALTH PROFESSIONALS, MCW DISCOVERS AND TRANSLATES NEW KNOWLEDGE IN THE BIOMEDICAL AND HEALTH SCIENCES, MCW PROVIDES CUTTING-EDGE, COLLABORATIVE PATIENT CARE OF THE HIGHEST QUALITY, AND MCW IMPROVES THE HEALTH OF THE COMMUNITIES IT SERVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	<p>Approximately 130 scientists are engaged in postdoctoral research fellowship training through the Graduate School of Biomedical Sciences. More than 28,200 physicians and 15,500 other health professionals participate in Continuing Medical Education-accredited activities offered annually. The MCW School of Medicine, with campuses in Milwaukee, Green Bay and Central Wisconsin, provides an innovative, rigorous and immersive curriculum that provides MCW's graduates with a deep understanding of the healthcare needs in these communities. MCW is working to ensure that a greater percentage of graduates remain in Wisconsin to practice after graduation. The MCW School of medicine campuses will help provide future physicians in communities across the state, particularly in areas where doctors are needed the most. The MCW School of Pharmacy is preparing the next generation of pharmacists to engage in team-based, patient-centered care in a multitude of practice settings, including primary care. Training in advanced practice skills and extensive exposure to a variety of clinical settings and research activities prepares MCW's pharmacy graduates for the new demands of a rapidly evolving profession to ensure high-quality healthcare continues for future generations in both urban and rural communities.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - CONTINUED	MCW's research enterprise is focused on strategic, prioritized areas of research involving interdisciplinary collaboration among scientists and physicians with the goal of rapidly translating discoveries into advances for patient care. MCW scientists lead biomedical and population health advancements through laboratory research, clinical trials and community-engaged research. In fiscal year 2018, MCW faculty conducted more than 2,600 research studies, including clinical trials, and reported 42 new discoveries and inventions to MCW's Office of Technology Development. The portfolio includes 258 technologies covered by more than 400 pending and issued U.S. and foreign patents.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - CONTINUED	MCW providers, physician assistants, nurse practitioners and other health care practitioners care for approximately 560,000 patients, representing approximately 2.8 million patient visits annually. MCW has a policy of providing health care services without charge, or at amounts less than established rates, to patients who are unable to pay and who meet certain eligibility criteria established in MCW's community care policy. In fiscal year 2018, the estimated direct and indirect costs incurred by MCW to provide services under MCW's community care policy were \$4.1 million. MCW physicians and practitioners see patients at three major affiliates - Froedtert Hospital, Children's Hospital of Wisconsin, and the Clement J. Zablocki VA Medical Center - and many other hospitals and clinics in eastern and central Wisconsin.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	Community Engagement - MCW's Community Engagement mission focuses on building productive partnerships between MCW and communities in Wisconsin and beyond. Through these partnerships and the relationships that sustain them, MCW and its community collaborators work together to have a greater impact on addressing Wisconsin's critical health needs. MCW faculty are engaged in more than 2,100 community outreach activities, involving more than 600 community partner organizations, to advance the health of people and communities throughout Wisconsin.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	MCW'S BOARD OF TRUSTEES CONTAINS AN EXECUTIVE COMMITTEE WHICH IS ELECTED BY THE BOARD AND CONSISTS OF THE CHAIR, PRESIDENT, SECRETARY, TREASURER, THE CHAIRS OF THE OTHER BOARD COMMITTEES, THE IMMEDIATE PAST CHAIR, THE VICE CHAIR AND AT-LARGE MEMBERS OF THE BOARD SO ELECTED THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE, WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION, ALL THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF MCW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	PHILIP B FLYNN, CORY L NETTLES, AND JAY B WILLIAMS, TRUSTEES - BUSINESS RELATIONSHIP CO RY L NETTLES AND MARY ELLEN STANEK, TRUSTEES - BUSINESS RELATIONSHIP CORY L NETTLES, TRU STEE AND GREGORY M WESLEY, OFFICER - BUSINESS RELATIONSHIP TED D KELLNER, TRUSTEE AND GR EGORY M WESLEY, OFFICER - BUSINESS RELATIONSHIP THOMAS L SPERO AND OWEN J SULLIVAN, TRU STEEES - BUSINESS RELATIONSHIP THOMAS L SPERO AND JAY B WILLIAMS, TRUSTEES - BUSINESS REL ATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	TWO OF THE TRUSTEES OF MCW ARE APPOINTED BY THE GOVERNOR OF THE STATE OF WISCONSIN, AFTER THE ADVICE AND CONSENT OF THE STATE SENATE THE BALANCE OF THE TRUSTEES ARE ELECTED BY MAJORITY VOTE OF THE TRUSTEES THEN IN OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM 990 WAS PREPARED WITH THE ASSISTANCE OF PRICEWATERHOUSECOOPERS, MCW'S EXTERNAL TAX PREPARERS, AND A FINAL DRAFT WAS REVIEWED BY THE ASSOCIATE VP OF FINANCE & TREASURY AND THE CHIEF FINANCIAL OFFICER. AN OVERVIEW OF THE FINAL DRAFT OF FORM 990 WAS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES BY PRICEWATERHOUSECOOPERS AND SENIOR MANAGEMENT. A FINAL COPY OF FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>MCW HAS A CONFLICT OF INTEREST POLICY WHICH REQUIRES EMPLOYEES AND BOARD MEMBERS TO REPORT ANNUALLY ON CONFLICTS OF INTEREST FOR THEMSELVES AND FAMILY MEMBERS EMPLOYEE DISCLOSURE FORMS ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICE IN ADDITION, IF THERE IS A POTENTIAL CONFLICT DURING THE YEAR, THE EMPLOYEE MUST SUBMIT A WRITTEN REQUEST FOR APPROVAL TO THE CORPORATE COMPLIANCE OFFICE PRIOR TO UNDERTAKING THE ACTIVITY THE CORPORATE COMPLIANCE OFFICE DETERMINES IF THE ACTIVITY COMPLIES WITH MCW POLICIES AND/OR WHETHER A POTENTIAL CONFLICT OF INTEREST EXISTS DURING REVIEW OF THE PROPOSED ACTIVITY, THE CORPORATE COMPLIANCE OFFICE MAY SEEK GUIDANCE FROM EXECUTIVE LEADERSHIP OR THE GENERAL COUNSEL'S OFFICE AS DEEMED NECESSARY WRITTEN APPROVAL OR DISAPPROVAL IS THEN PROVIDED MCW'S GENERAL COUNSEL AND THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES MAY REVIEW THE DISCLOSURE FORMS IF THEY RELATE TO A BOARD MEMBER DISCLOSED CONFLICTS BECOME A MATTER OF BOARD RECORD THROUGH THE ANNUAL DISCLOSURE FORM ANY CONFLICTS ALSO MUST BE DISCLOSED WHEN THE INTEREST BECOMES A MATTER OF BOARD OR BOARD COMMITTEE ACTION IF A CONFLICT OF INTEREST ARISES FOR A MEMBER OF THE BOARD OF TRUSTEES WHILE THE BOARD OR ITS COMMITTEES ARE CONSIDERING, AUTHORIZING, OR RATIFYING A CONTRACT OR OTHER MATTER, THE BOARD MEMBER MUST EXCLUDE HIMSELF/HERSELF FROM THE DELIBERATIONS AND VOTE AND THE MINUTES OF THE MEETING MUST REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM VOTING AND THE DETERMINATION THAT THE PROPOSED CONTRACT OR TRANSACTION IS FAIR AND REASONABLE TO MCW</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>As delegated by the Board of Trustees, the Nominating and Governance Committee of the Board of Trustees annually reviews and approves the compensation for, and transactions with, the President and CEO and certain officers. The Nominating and Governance Committee's oversight role includes, but is not limited to, establishing and reviewing MCW executive compensation philosophy and strategy, evaluating the performance of the President, accepting the President's performance evaluations of certain officers, determining compensation levels based on these performance reviews, receiving reports from outside advisors to provide objective and impartial compensation data and to express an opinion on total compensation reasonableness, and approving the charters of MCW's committees charged with reviewing compensation. Approval of compensation decisions for the President and certain officers is documented in the minutes of the Nominating and Governance Committee and reported to the Board of Trustees. Compensation decisions for all other officers and key employees are delegated to and reviewed and approved annually by the MCW Institutional Compensation Committee or its Executive Committee based on performance assessment and budgetary guidelines, utilizing external compensation data from various sources to evaluate comparability to market compensation trends. In the event of any conflict of interest, the review is referred to the Nominating and Governance Committee for consideration. Approval of compensation decisions and recommendations is documented in the minutes of the respective committees.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	MCW DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH POSTING ON M CW'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	Roy L. Silverstein, MD, is compensated as Chair and Professor of Medicine, not for his role as trustee. Robert Lane, MD, Viktor Hraska, MD, J. Channing Tassone, MD, and Ronald Woods, MD, are compensated for both their academic role at MCW and their physician role at Children's Specialty Group, Inc. (CSG), a related organization. Work hours related to their role at MCW are reflected above the dotted line and work hours related to CSG are reflected below the dotted line. MCW uses a standard 40 hour work week as a representation of a full-time employee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAIN ON INTEREST RATE SWAP \$3,832,828 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$272,755 INTERCOMPANY TRANSFER (\$1,250,019) TOTAL \$2,855,564

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number

39-0806261

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MCW SPECIALISTS LLC 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226 81-5310239	SUPPORT SERV	WI	0	0	MCW

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Children's Specialty Group Inc 999 North 92nd St STE C740 Milwaukee, WI 53226 39-1990012	Pediatrics	WI	501(c)(3)	12a-I	NA		No
(2) MCW Affiliated Hospitals Inc 8701 Watertown Plank Rd Milwaukee, WI 53226 39-1341366	GRAD MED EDUC	WI	501(C)(3)	12a-I	NA		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Blue & Green I Condo Association Inc 8701 Watertown Plank Rd Milwaukee, WI 53226 26-2355106	Building Mgmt	WI	MCW	C Corp	0	0	69 000 %	Yes	
(2) MCW Prof Liability Insurance Program 8701 Watertown Plank Rd Milwaukee, WI 53226 39-6484662	INSURANCE	WI	MCW	Trust	2,599,252	20,205,986	100 000 %	Yes	
(3) MCW CONSORTIUM ON PUBLIC & COMM HLTH INC 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	AHW OVERSIGHT	WI	MCW	C CORP	0	0	89 000 %	Yes	
(4) CHARITABLE REMAINDER TRUST (1)	SUPPORT	WI	MCW	TRUST				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MCW Prof Liability Insurance Program	Q	1,261,685	CASH BASIS
(2)MCW Prof Liability Insurance Program	R	1,250,019	CASH BASIS

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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