

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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 \$	111,037,506	including grants of \$	13,705,157)	(Revenue \$	83,006,136)
See Additional Data							

4b	(Code)	(Expenses \$	259,971,528	including grants of \$	22,743,318)	(Revenue \$	42,303,198)
See Additional Data							

4c	(Code)	(Expenses \$	678,084,542	including grants of \$	0)	(Revenue \$	867,305,532)
See Additional Data							

4d	Other program services (Describe in Schedule O)					
	(Expenses \$	13,042,055	including grants of \$	4,096,513)	(Revenue \$	793,376)

4e	Total program service expenses ▶	1,062,135,631
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b 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? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 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? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 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? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 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	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 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?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2,699	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	7,018			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O						
				16	Yes	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 24		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 21		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: CO, HI, MD, MA, MI, NH, NY, OR, SC, WA, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
PAMELA J STANICK 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226 (414) 955-8665

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 ☒

☒

● 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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	18,242,894	0	1,560,291

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 ▶ 1,987

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FROEDTERT HEALTH MEDICAL GROUP, 9200 W WISCONSIN AVENUE MILWAUKEE, WI 53226	PHYSICIAN/SHARED SVC	12,877,080
C G SCHMIDT INC, 11777 W LAKE PARK DRIVE MILWAUKEE, WI 53224	CONSTRUCTION SERVICE	10,962,466
NATL MARROW DONOR PROGRAM, 3433 BROADWAY STREET NE 400 MINNEAPOLIS, MN 55413	RESEARCH SUBCONTRACT	9,468,950
MEDICAL COLLEGE OF WI AFFIL HOSP, 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	RESIDENT SERVICES	6,778,520
CHILDRENS HOSPITAL OF WISCONSIN, 9000 W WISCONSIN AVENUE MILWAUKEE, WI 53201	CONTRACTUAL SERVICES	4,371,035

<p>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 ► 183</p>	
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Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a				
b	Membership dues . . .	1b				
c	Fundraising events . . .	1c	1,162,507			
d	Related organizations	1d				
e	Government grants (contributions)	1e	126,263,366			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	59,967,935			
g	Noncash contributions included in lines 1a - 1f \$ <u>1,539,190</u>					
h Total.	Add lines 1a-1f ▶		187,393,808			

Program Service Revenue

		Business Code				
2a	CLINICAL PRACTICE PLAN REVENUE	621110	583,225,343	583,208,070	17,273	
b	PHYSICIAN CONTRACTS/AFFILIATE SVCS	621110	171,019,298	171,019,298		
c	MEDICARE/MEDICAID PAYMENTS	621110	132,143,659	132,143,659		
d	MEDICAL INSTRUCTION TUITION AND FEES	611600	65,333,979	65,333,979		
e	NON-GOVERNMENTAL GRANTS AND CONTRACTS	541700	35,609,764	35,609,764		
f	All other program service revenue		6,076,199	6,076,199		
g Total.	Add lines 2a-2f ▶		993,408,242			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		29,008,030		-962,631	29,970,661
4	Income from investment of tax-exempt bond proceeds ▶		17,862			17,862
5	Royalties ▶		1,135,307			1,135,307
6a	(i) Real (ii) Personal					
	Gross rents					
	Less rental expenses					
	Rental income or (loss)					
d	Net rental income or (loss) ▶		318,583			318,583
7a	(i) Securities (ii) Other					
	Gross amount from sales of assets other than inventory					
	Less cost or other basis and sales expenses					
	Gain or (loss)					
d	Net gain or (loss) ▶		47,995,187		-200,076	48,195,263
8a	Gross income from fundraising events (not including \$ <u>1,162,507</u> of contributions reported on line 1c) See Part IV, line 18 a		249,710			
b	Less direct expenses b		698,632			
c	Net income or (loss) from fundraising events ▶		-448,922			-448,922
9a	Gross income from gaming activities See Part IV, line 19 a		11,300			
b	Less direct expenses b		3,109			
c	Net income or (loss) from gaming activities ▶		8,191			8,191
10a	Gross sales of inventory, less returns and allowances a		92,908			
b	Less cost of goods sold b		45,475			
c	Net income or (loss) from sales of inventory ▶		47,433		47,433	
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d ▶		0			
12 Total revenue.	See Instructions ▶		1,258,883,721	993,390,969	-1,098,001	79,196,945

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.	28,298,671	28,298,671		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	11,626,179	11,626,179		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	620,138	620,138		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	12,275,864	3,998,153	7,525,128	752,583
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,009,035	1,009,035		
7 Other salaries and wages.	743,002,532	698,114,382	42,371,572	2,516,578
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	39,159,477	36,438,304	2,543,788	177,385
9 Other employee benefits.	64,917,456	60,792,963	3,884,730	239,763
10 Payroll taxes.	39,476,195	36,456,645	2,827,269	192,281
11 Fees for services (non-employees).				
a Management.	0			
b Legal.	1,736,503	869,172	867,331	
c Accounting.	596,162		596,162	
d Lobbying.	278,006	272,133	5,873	
e Professional fundraising services. See Part IV, line 17.	40,447			40,447
f Investment management fees.	5,767,457		5,767,457	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	45,828,996	36,717,149	7,723,360	1,388,487
12 Advertising and promotion.	1,964,555	1,961,060		3,495
13 Office expenses.	9,992,027	6,907,836	2,930,543	153,648
14 Information technology.	14,376,739	4,329,382	9,865,006	182,351
15 Royalties.	34,469	34,469		
16 Occupancy.	36,603,076	29,863,282	6,597,186	142,608
17 Travel.	10,602,507	10,308,241	256,108	38,158
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	8,156,032	7,731,414	340,589	84,029
20 Interest.	10,434,847	9,335,263	1,099,584	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	35,306,775	27,318,423	7,860,366	127,986
23 Insurance.	488,746	13,623	475,123	
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	22,066,636	22,066,636		
b DUES & SUBSCRIPTIONS	9,684,485	9,037,912	631,516	15,057
c RESIDENTS & FELLOWS	8,862,177	8,862,177		
d EQUIPMENT & MAINTENANCE	8,163,797	5,128,169	2,997,276	38,352
e All other expenses	8,256,279	4,024,820	4,147,731	83,728
25 Total functional expenses. Add lines 1 through 24e.	1,179,626,265	1,062,135,631	111,313,698	6,176,936
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 SheetCheck 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		173,456	1	141,949
	2	Savings and temporary cash investments		53,228,075	2	107,162,789
	3	Pledges and grants receivable, net		57,364,429	3	81,179,613
	4	Accounts receivable, net		102,216,177	4	112,922,468
	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		62,571	8	65,579
	9	Prepaid expenses and deferred charges		4,476,039	9	4,719,108
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	710,554,638		
	b	Less: accumulated depreciation	10b	419,365,631		
				297,903,485	10c	291,189,007
	11	Investments—publicly traded securities		417,571,961	11	477,219,496
	12	Investments—other securities. See Part IV, line 11		1,270,206,164	12	1,231,280,158
	13	Investments—program-related. See Part IV, line 11		109,459,412	13	115,562,218
	14	Intangible assets		6,010,957	14	6,575,972
15	Other assets. See Part IV, line 11		5,402,918	15	28,116,006	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,324,075,644	16	2,456,134,363	
Liabilities	17	Accounts payable and accrued expenses		227,029,054	17	267,118,034
	18	Grants payable		0	18	0
	19	Deferred revenue		24,199,707	19	14,787,043
	20	Tax-exempt bond liabilities		274,057,158	20	321,204,578
	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		8,724,485	23	4,570,143
	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		20,878,426	25	25,272,914
	26	Total liabilities. Add lines 17 through 25		556,384,030	26	634,447,912
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		1,071,221,124	27	1,109,694,295
	28	Temporarily restricted net assets		290,200,506	28	297,155,240
	29	Permanently restricted net assets		406,269,984	29	414,836,916
	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		1,767,691,614	33	1,821,686,451	
34	Total liabilities and net assets/fund balances		2,324,075,644	34	2,456,134,363	

Part XI Reconciliation of Net AssetsCheck 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	1,258,883,721
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,179,626,265
3	Revenue less expenses Subtract line 2 from line 1	3	79,257,456
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,767,691,614
5	Net unrealized gains (losses) on investments	5	-20,367,689
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	-4,894,930
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,821,686,451

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

Education - Approximately 1,475 students are enrolled in degree-granting educational programs at MCW. This includes 980 medical students, 309 graduate students, 143 pharmacy students, and 45 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 2019, MCW invested \$285.5 million in research, teaching, training and related purposes which will lead to improved patient care and health outcomes. This total includes \$103.1 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 1,625 MCW physicians and more than 900 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				1,623,057	0	110,930
JOSEPH E KERSCHNERMD TRUSTEE/PROVOST& EXEC VP, DEAN	38 0 2 0	X		X				1,069,346	0	157,940
CORY L NETTLES 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
JAY B WILLIAMS TRUSTEE/VICE CHAIRMAN	1 0 0 0	X		X				0	0	0
JACQUELINE HERD-BARBER 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
JOHN DONOFRIO TRUSTEE AS OF 9/21/18	1 0 0 0	X						0	0	0
PHILIP B FLYNN 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			
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
TED D KELLNER TRUSTEE	1 0 0 0	X						0	0	0
DAVID LUBAR TRUSTEE AS OF 9/21/18	1 0 0 0	X						0	0	0
VINCENT P MATHEWS MD TRUSTEE	40 0 0 0	X						742,017	0	44,819
CHRIS MISKEL TRUSTEE	1 0 0 0	X						0	0	0
JUSTIN L MORTARA PHD 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			
WAYNE C OLDENBURG TRUSTEE	1 0 0 0	X						0	0	0
JANIS M ORLOWSKI MD TRUSTEE	1 0 0 0	X						0	0	0
R JAN PIROZZOLO-MELLOWES TRUSTEE	1 0 0 0	X						0	0	0
KRISTINA ROPELLA PHD TRUSTEE	1 0 0 0	X						0	0	0
OWEN J SULLIVAN TRUSTEE UNTIL 9/21/18	1 0 0 0	X						0	0	0
RAVINDRA P MISRA PHD DEAN, GRADUATE SCHOOL	40 0 0 0			X				188,542	0	27,209
GEORGE MACKINNON III PHD DEAN, PHARMACY SCHOOL	40 0 0 0			X				360,065	0	51,531
CHRISTOPHER P KOPS EXEC VP-FINANCE & ADMIN, COO	40 0 0 0			X				660,326	0	98,142
JOHN T NEWSOME ESQ SR VP-GENERAL COUNSEL/ASST SEC	40 0 0 0			X				535,802	0	52,886
CHERYL MAURANA PHD SR VP-ACADEMIC PARTNERSHIPS	40 0 0 0			X				560,979	0	76,455

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			
KURT L JANAVITZ SR VP-HEALTHCARE PARTNERSHIPS	40 0 0 0			X				478,857	0	75,928
GREGORY M WESLEY SR VP-STRATEGIC ALLIANCES	40 0 0 0			X				495,555	0	54,551
ALICE ARCHABAL VP-DEVELOPMENT/CDO TO 11/16/18	40 0 0 0			X				443,331	0	90,359
JEFFREY BORNEMANN VP-FACILITIES & OPERATIONS	40 0 0 0			X				246,547	0	45,595
SHERRI DUCHARME-WHITE VP-HR & FACULTY AFFAIRS	40 0 0 0			X				405,360	0	55,521
DAVID HOTCHKISS VP-INFORMATION SERVICES, CIO	40 0 0 0			X				371,861	0	53,899
KATHRYN KUHN VP-GOVT & COMMUNITY RELATIONS	40 0 0 0			X				286,683	0	50,651
MARA LORD VP-COMMUNICATIONS, INTERIM CDO	40 0 0 0			X				268,672	0	51,337
DANIEL WICKEHAM VP-CORP COMPLIANCE & RISK MGT	40 0 0 0			X				294,131	0	50,678
BARCLAY FERGUSON CHIEF FINANCIAL OFFICER	40 0 0 0			X				454,440	0	52,206

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			
C GREER JORDAN PHD	40 0			X				274,556	0	51,678
CHIEF DIVERSITY OFFICER	0 0				X			605,608	0	52,601
ROBERT LANE MD	40 0				X			688,061	0	43,137
CHAIR, PROF DEPT OF PEDIATRICS	0 0				X			1,324,321	0	42,015
ROY L SILVERSTEIN MD	40 0				X			1,288,047	0	52,801
CHAIR, PROF DEPT OF MEDICINE	0 0				X			1,823,032	0	42,014
DOUGLAS B EVANS MD	40 0				X			1,454,496	0	33,422
CHAIR, PROF DEPT OF SURGERY	0 0				X			1,299,202	0	41,986
JOHNNY C HONG MD	40 0				X					
CHIEF, PROF TRANSPLANT SURG	0 0				X					
VIKTOR HRASKA MD	3 0				X					
CHIEF, PROF PED CARDIAC SURG	37 0				X					
SHEKAR N KURPAD MD	40 0				X					
CHAIR, PROF DEPT OF NEUROSURG	0 0				X					
J CHANNING TASSONEMD	1 0				X					
PROF OF ORTHOPAEDIC SURGERY	39 0				X					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	153,455,335	151,693,606	171,540,243	152,950,270	187,393,808	817,033,262
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	153,455,335	151,693,606	171,540,243	152,950,270	187,393,808	817,033,262
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						817,033,262

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	153,455,335	151,693,606	171,540,243	152,950,270	187,393,808	817,033,262
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,040,606	29,174,899	29,163,522	30,478,509	34,064,472	149,922,008
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.)	293,595	264,888	284,718	275,000	261,010	1,379,211
11	Total support. Add lines 7 through 10						968,378,321
12	Gross receipts from related activities, etc. (see instructions)					12	4,483,058,167
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 84.371 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 84.253 %
16a	33 1/3% support test—2018. 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. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. 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. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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. ► <input type="checkbox"/>	
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. ► <input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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>		
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			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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.**
▶**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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?	Yes		
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?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		396,358
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			396,358
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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, Lines 1a to 1h	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, RESEARCH, HEALTH AND PATIENT CARE, INSURANCE, BUDGET AND TAX RELATED ISSUES. IN THE AREAS OF ADMINISTRATIVE ACTION, THE AGENCIES CONTACTED WERE THE WISCONSIN LEGISLATURE AND THE WISCONSIN AND FEDERAL EXECUTIVE BRANCHES INCLUDING THE STATE'S DEPARTMENT OF ADMINISTRATION, DEPARTMENT OF HEALTH SERVICES, HIGHER EDUCATIONAL AIDS BOARD, OFFICE OF COMMISSIONER OF INSURANCE, AND DEPARTMENT OF COMMERCE, AND ON THE FEDERAL SIDE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND DEPARTMENT OF DEFENSE. In addition, representatives from MCW attended two conferences/meetings where a portion of the activity involved encouraging Wisconsin legislators to support health and research initiatives. LOBBYING EXPENDITURES FOR IN-HOUSE LOBBYIST'S COMPENSATION AND FRINGE BENEFITS AND EXTERNAL LOBBYIST'S CONTRACT FEES AND EXPENSES TOTALED \$396,358.
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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 7/25/06, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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	930,598,474	875,162,690	750,699,730	777,876,016	748,266,595
b Contributions	19,622,050	20,022,269	29,552,286	23,563,395	32,663,941
c Net investment earnings, gains, and losses	26,302,948	67,684,013	124,822,969	-22,696,974	23,480,814
d Grants or scholarships	1,743,915	1,700,389	1,355,343	1,276,426	943,058
e Other expenditures for facilities and programs	32,869,873	26,937,799	25,051,659	23,292,487	22,355,803
f Administrative expenses	3,739,207	3,632,310	3,505,293	3,473,794	3,236,473
g End of year balance	938,170,477	930,598,474	875,162,690	750,699,730	777,876,016

2

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

a

Board designated or quasi-endowment ▶ 41 000 %

b

Permanent endowment ▶ 42 000 %

c

Temporarily restricted endowment ▶ 17 000 %

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		406,849,397	205,174,604	201,674,793
c Leasehold improvements		20,187,834	15,735,990	4,451,844
d Equipment		264,184,619	197,504,418	66,680,201
e Other		19,332,788	950,619	18,382,169
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				291,189,007

Schedule D (Form 990) 2018

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	333,518,317	F
(B) COMMINGLED EQUITY FUNDS	702,285,799	F
(C) COMMINGLED BOND FUNDS	177,141,869	F
(D) EQUITY MUTUAL FUNDS	15,958,127	F
(E) GUARANTEED INVSTMENT CONTRACTS	2,376,046	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	1,231,280,158	

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	10,295,118
INTEREST RATE SWAP AGREEMENT	14,977,796
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	25,272,914

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, 2019</p>

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493139001200
SCHEDULE E (Form 990 or 990-EZ)	<h1>Schools</h1> <p>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</p> <p>▶ Attach to Form 990 or Form 990-EZ.</p> <p>▶ Go to www.irs.gov/Form990EZ for the latest instructions.</p>		OMB No 1545-0047
			2018
	Department of the Treasury Name of the organization The Medical College of Wisconsin Inc	Employer identification number 39-0806261	Open to Public Inspection

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?	1	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?	2	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	3	Yes
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes
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	4d	Yes
5	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes
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	6b	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	7	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)**

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

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
See Add'l Data					
3a Sub-total		1			544,437,075
b Total from continuation sheets to Part I					64,137
c Totals (add lines 3a and 3b)		1			544,501,212

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.

[illegible]

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	0

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.

[illegible]

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, don't 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, don't 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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	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

990 Schedule F, Supplemental Information

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	SEMINARS/CONFERENCES	72,364
Central America and the Caribbean			Investments		533,827,671

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	RESEARCH/SUBAWARDS	185,676
East Asia and the Pacific			Program Services	SEMINARS/CONFERENCES	93,959

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program Services	RESEARCH/SUBAWARDS	310,605
Europe (Including Iceland and Greenland)			Program Services	SEMINARS/CONFERENCES	453,631

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		8,660,911
Middle East and North Africa			Program Services	SEMINARS/CONFERENCES	11,637

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	116,408
North America			Program Services	SEMINARS/CONFERENCES	221,385

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		133,169
Russia and the Newly Independent States		1	Program Services	RESEARCH/SUBAWARDS	236,424

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	2,492
Russia and the Newly Independent States			Program Services	MEDICAL REHAB MISSION	14,959

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 America			Program Services	SEMINARS/CONFERENCES	55,756
South Asia			Program Services	RESEARCH/SUBAWARDS	17,912

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	22,116
Sub-Saharan Africa			Program Services	RESEARCH/SUBAWARDS	2,685

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
Sub-Saharan Africa			Program Services	SEMINARS/CONFERENCES	61,452

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	181,450	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH SUBAWARD	58,443	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)
		North America	RESEARCH SUBAWARD	76,081	CHECK			
		East Asia and the Pacific	RESEARCH SUBAWARD	118,876	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)
		Russia and the Newly Independent States	RESEARCH SUBAWARD	185,288	WIRE			

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Walk/Run Event (event type)	NRC Dinner (event type)	6 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	370,743	287,711	753,763	1,412,217
	2 Less Contributions	329,203	256,650	576,654	1,162,507
	3 Gross income (line 1 minus line 2)	41,540	31,061	177,109	249,710
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	1,000	1,000
	6 Rent/facility costs	587	20,478	62,856	83,921
	7 Food and beverages	242	41,867	100,450	142,559
	8 Entertainment	9,643	995	153,246	163,884
	9 Other direct expenses	278,210	11,497	17,561	307,268
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				698,632
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-448,922

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.

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
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 ►

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 ►

Gaming manager compensation ► \$

Description of services provided ►

☐ 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 140

3 Enter total number of other organizations listed in the line 1 table 5

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	103	72,060			
(2) RESEARCH TRAINEE STIPENDS	484	947,186			
(3) MEDICAL STUDENT TRAVEL/HOUSING ALLOWANCE	74	142,525			
(4) MEDICAL STUDENT SCHOLARSHIPS	389		4,305,537	BOOK	SCHOLARSHIPS
(5) GRADUATE SCHOOL SCHOLARSHIPS	232		5,965,992	BOOK	SCHOLARSHIPS
(6) PHARMACY SCHOOL SCHOLARSHIPS	51		192,879	BOOK	SCHOLARSHIPS
(6)					
(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)	35,358				ADVANCE HEALTH WI
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD 2100 CHICAGO, IL 60606	36-3412054	501(c)(3)	49,990				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
AIDS RESOURCE CENTER OF WISCONSIN INC PO BOX 510498 MILWAUKEE, WI 53203	39-1534049	501(c)(3)	156,223				RESEARCH SUBAWARD
AIDS TASKFORCE OF GREATER CLEVELAND 3210 EUCLID AVENUE CLEVELAND, OH 44115	34-1433612	501(c)(3)	159,358				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
ALMA CENTER INC 2821 N 4TH STREET MILWAUKEE, WI 53212	36-4530524	501(c)(3)	14,129				ADVANCE HEALTH WI
AURORA HEALTH CARE INC 750 W VIRGINIA STREET MILWAUKEE, WI 53234	39-1442285	501(c)(3)	48,674				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	OTHER	118,956				RESEARCH SUBAWARD
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(c)(3)	93,994				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
BEAVER DAM UNIFIED SCHOOL DISTRICT 705 MCKINLEY STREET BEAVER DAM, WI 53916	39-6031224	GOVT	9,169				ADVANCE HEALTH WI
BENAROYA RESEARCH INSTITUTE 1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(c)(3)	20,930				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
BENEDICT CENTER 135 W WELLS ST STE 700 MILWAUKEE, WI 53203	39-1226475	501(c)(3)	84,426				ADVANCE HEALTH WI
BICYCLE FED OF WI EDUCATIONAL FOUNDATION 3618 W PIERCE ST 250 MILWAUKEE, WI 53215	39-1686663	501(c)(3)	21,337				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)	324,476				RESEARCH SUBAWARD
CASE WESTERN RESERVE UNIV 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(c)(3)	83,372				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
CELEBRATE CHILDREN FOUNDATION 110 E MAIN STREET STE 810 MADISON, WI 53703	39-1946398	501(c)(3)	115,742				ADVANCE HEALTH WI
CENTER FOR HOUSING AND HEALTH 200 W JACKSON BLVD 2100 CHICAGO, IL 60606	26-4287202	501(c)(3)	27,248				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
CENTER FOR VETERANS ISSUES LTD 315 W COURT STREET MILWAUKEE, WI 53212	39-1712359	501(c)(3)	92,432				ADVANCE HEALTH WI
CHILDRENS HEALTHCARE OF ATLANTA INC 1584 TULLIE CIRCLE ATLANTA, GA 30329	58-2367819	501(c)(3)	29,306				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 HOSP OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-2237932	501(c)(3)	49,858				RESEARCH SUBAWARD
CHILDRENS HOSPITAL OF WISCONSIN 9000 W WISCONSIN AVENUE MILWAUKEE, WI 53201	39-0812532	501(c)(3)	574,263				RES SUB/AHW

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 RESEARCH INSTITUTE 111 MICHIGAN AVENUE NW WASHINGTON, DC 20010	52-1654453	501(c)(3)	7,841				RESEARCH SUBAWARD
CHIPPEWA OTTAWA RESOURCE AUTHORITY 179 W 3 MILE ROAD SAULT STE MARIE, MI 49789	38-3568787	OTHER	73,259				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
CITY OF MILWAUKEE HEALTH DEPARTMENT 841 N BROADWAY MILWAUKEE, WI 53202	39-6005532	GOVT	10,000				ADVANCE HEALTH WI
CLEVELAND CLINIC FOUNDATION 9500 EUCLIND AVE JLN5 CLEVELAND, OH 44195	91-2153073	501(c)(3)	5,320				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
COLUMBIA UNIVERSITY 615 WEST 131ST ST NEW YORK, NY 10027	13-5598093	501(c)(3)	30,386				RESEARCH SUBAWARD
CONCORDIA UNIVERSITY WISCONSIN 12800 N LAKE SHORE DRIVE MEQUON, WI 53097	39-0833608	501(c)(3)	19,380				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
COOPERATIVE EDUCATION SERVICE AGENCY #7 595 BAETEN ROAD GREEN BAY, WI 02215	39-1515860	501(c)(3)	86,190				ADVANCE HEALTH WI
DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(c)(3)	37,427				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
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755	02-0222111	501(c)(3)	176,113				TRANSFRM MED EDUC
DIVERSE AND RESILIENT INC 2439 HOLTON STREET MILWAUKEE, WI 53202	30-0084616	501(c)(3)	56,257				RES SUB/AHW

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
DUKE UNIVERSITY 324 BLACKWELL ST BLDG 850 DURHAM, NC 27701	56-0532129	501(c)(3)	145,311				RESEARCH SUBAWARD
EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT 720 2ND AVENUE EAU CLAIRE, WI 54703	39-6005436	GOVT	191,869				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
EMMES CORPORATION THE 401 N WASHINGTON ST ROCKVILLE, MD 20850	54-1058268	OTHER	2,953,816				RESEARCH SUBAWARD
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(c)(3)	21,553				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
ERAS SENIOR NETWORK 2607 N GRANDVIEW BLVD STE 150 WAUKESHA, WI 53188	39-1393171	501(c)(3)	10,836				ADVANCE HEALTH WI
ESTHER INC PO BOX 784 NEENAH, WI 54957	20-1644135	501(c)(3)	9,310				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)	51,778				ADVANCE HEALTH WI
FOND DU LAC SCHOOL DISTRICT 72 W 9TH STREET FOND DU LAC, WI 54935	39-1411371	GOVT	98,668				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
FOUNDATIONS HEALTH AND WHOLENESS INC 1061 W MASON STREET GREEN BAY, WI 54303	39-1047205	OTHER	196,172				ADVANCE HEALTH WI
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FARVIEW AVE N SEATTLE, WA 98109	23-7156071	501(c)(3)	223,400				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
GENEVA FOUNDATION 917 PACIFIC AVENUE NO 600 TACOMA, WA 98402	91-1593913	501(c)(3)	66,169				RESEARCH SUBAWARD
GREAT LAKES INTER TRIBAL COUNCIL IN PO BOX 9 LAC DU FLAMBU, WI 54538	39-1077479	501(c)(3)	35,312				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
H LEE MOFFITT CANCER CTR & RESEARCH INST 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-2451713	501(c)(3)	26,873				RESEARCH SUBAWARD
HEALTH RESEARCH INC ROSWELL PARK CANCER INS ELM CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(c)(3)	23,295				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	OTHER	63,050				RESEARCH SUBAWARD
INDIANA UNIVERSITY 509 E THIRD STREET BLOOMINGTON, IN 47401	35-6001673	GOVT	6,315				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
INSTITUTE FOR COMMUNITY RESEARCH 146 WYLLYS STREET HARTFORD, CT 06106	06-0653116	501(c)(3)	137,533				RESEARCH SUBAWARD
INTER TRIBAL COUNCIL OF MICHIGAN INC 2956 ASHMUN ST SAULT STE MARIE, MI 49783	38-1893519	501(c)(3)	8,457				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
IOWA STATE UNIVERSITY 1138 PEARSON HALL AMES, IA 50011	42-6004224	GOVT	47,737				RESEARCH SUBAWARD
JACKSON LABORATORY THE 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(c)(3)	110,598				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
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD N4327B BALTIMORE, MD 21211	52-0595110	501(c)(3)	10,116				RESEARCH SUBAWARD
LA CROSSE COUNTY HEALTH DEPARTMENT 300 4TH STREET N LA CROSSE, WI 54601	39-6005709	GOVT	69,922				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
LA CROSSE MEDICAL HEALTH SCIENCE CONSORTUM 1725 STATE STREET LA CROSSE, WI 54601	39-1804725	501(c)(3)	160,674				ADVANCE HEALTH WI
LAC DU FLAMBEAU PUBLIC SCHOOL DISTRICT 2899STATE HWY 47 S LAC DU FLMBEAU, WI 54538	39-6002022	GOVT	184,569				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
LAUREATE INSTITUTE FOR BRAIN RESEARCH 6655 SOUTH YALE AVENUE TULSA, OK 74136	73-1328881	501(c)(3)	17,811				RESEARCH SUBAWARD
LAWRENCE BERKELEY NATIONAL LAB ONE CYCLOTRON RD BERKELEY, CA 94720	94-2951741	GOVT	46,570				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
LEHIGH UNIVERSITY 526 BROADHEAD AVENUE BETHLEHEM, PA 18015	24-0795445	501(c)(3)	53,986				RESEARCH SUBAWARD
LOYOLA UNIV OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(c)(3)	152,230				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
LURIE CHILDRENS HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-2170833	501(c)(3)	65,598				RESEARCH SUBAWARD
MARATHON COUNTY 500 FOREST STREET WAUSAU, WI 54403	39-6005716	GOVT	173,501				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
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(c)(3)	566,406				RES SUB/AHW
MARSHFIELD CLINIC 1000 NORTH OAK AVE MARSHFIELD, WI 54449	39-0452970	501(c)(3)	56,705				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
MAX PLANCK FLORIDA INSTITUTE ONE MAX PLANCK WAY JUPITER, FL 33458	26-2117502	501(c)(3)	19,066				RESEARCH SUBAWARD
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	276,129				RES SUB/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
MECKLENBERG EMS AGENCY 4525 STATESVILLE ROAD CHARLOTTE, NC 28269	56-1989558	GOVT	85,393				RESEARCH SUBAWARD
MENTAL HEALTH AMERICA OF WISCONSIN 600 W VIRGINIA ST 502 MILWAUKEE, WI 53204	39-0827843	501(c)(3)	253,436				RES SUB/AHW

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
METCALFE PARK COMMUNITY BRIDGES INC 3624 W NORTH AVE MILWAUKEE, WI 53208	81-2101846	501(c)(3)	9,880				ADVANCE HEALTH WI
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD EAST LANSING, MI 48824	38-6005984	GOVT	105,472				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
MILWAUKEE CENTER FOR CHILDREN AND YOUTH INC 1908 N WARREN AVENUE MILWAUKEE, WI 53202	45-3068553	501(c)(3)	18,943				ADVANCE HEALTH WI
MILWAUKEE PUBLIC SCHOOLS 5225 WEST VLIET STREET MILWAUKEE, WI 53208	39-6003457	GOVT	32,078				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
MILWAUKEE SCHOOL OF ENGINEERING 1025 N BROADWAY ST MILWAUKEE, WI 53202	39-0477970	501(c)(3)	134,082				RES SUB/AHW
MONTANA STATE UNIVERSITY PO BOX 172220 BOZEMAN, MT 59717	81-6010045	GOVT	25,486				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
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(c)(3)	18,433				RESEARCH SUBAWARD
NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY ST NE MINNEAPOLIS, MN 55413	84-0865803	501(c)(3)	5,797,363				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
NATIONWIDE CHILDRENS HOSPITAL INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	319,449				RESEARCH SUBAWARD
NORTH CENTRAL WISCONSIN AHEC 10208 PARK PLAZA STE D ROTSCHILD, WI 54474	39-1740838	501(c)(3)	12,222				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
NORTHSHORE UNIV HEALTHSYSTEM RESEARCH INST 1301 CENTRAL STREET EVANSTON, IL 60201	36-2167060	501(c)(3)	14,212				RESEARCH SUBAWARD
NORTHLAKES COMMUNITY CLINIC 7665 US HIGHWAY 2 IRON RIVER, WI 54847	35-2297925	501(c)(3)	282,159				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
NORTHSHORE UNIV HEALTHSYSTEM 1301 CENTRAL STREET EVANSTON, IL 60201	36-3738206	501(c)(3)	48,198				RESEARCH SUBAWARD
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PK RD PORTLAND, OR 97201	93-1176109	GOVT	20,550				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENNSYLVANIA STATE UNIVERSITY 201 OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	GOVT	17,634				RESEARCH SUBAWARD
RACINE COUNTY 730 WISCONSIN AVE RACINE, WI 53403	39-6005734	GOVT	192,580				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
RESEARCH INST AT NATIONWIDE CHILDRENS HOSP 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	261,637				RESEARCH SUBAWARD
RUTGERS THE STATE UNIVERSITY 65 DAVIDSON ROAD PISCATAWAY, NJ 08854	22-6001086	GOVT	6,256				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
SET MINISTRY INC 2977 N 50 STREET MILWAUKEE, WI 53210	39-1618277	501(c)(3)	44,043				ADVANCE HEALTH WI
SLOAN-KETTERING INST FOR CANCER RESEARCH 1275 YORK AVENUE NEW YORK, NY 10065	13-1624182	501(c)(3)	11,848				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOJOURNER FAMILY PEACE CENTER INC 619 W WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501(c)(3)	45,408				ADVANCE HEALTH WI
SOUTHWESTRN WISCONSIN COMMUNITY ACTION PROG 149 N IOWA STREET DODGEVILLE, WI 53533	39-1053511	501(c)(3)	248,487				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
ST JUDE CHILDRENS RESEARCH HOSPITAL 332 N LAUDERDALE ST MEMPHIS, TN 38105	62-0646012	501(c)(3)	108,000				RESEARCH SUBAWARD
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(c)(3)	34,433				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
THOMAS JEFFERSON UNIVERSITY 601 WALNUT STREET PHILADELPHIA, PA 19106	23-1352651	501(c)(3)	61,235				RESEARCH SUBAWARD
TOGETHER FOR JACKSON COUNTY KIDS 227 S 11TH ST BLACK RIVER FALLS, WI 54615	39-6005703	GOVT	25,296				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
TUFTS UNIVERSITY 169 HOLLAND STREET SOMERVILLE, MA 02144	04-2103634	501(c)(3)	211,661				RESEARCH SUBAWARD
UNIFIED SCHOOL DISTRICT OF MARSHFIELD 1010 E FOURTH STREET MARSHFIELD, WI 54449	39-6003302	GOVT	6,850				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
UNITED COMMUNITY CENTER 1028 S 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(c)(3)	89,270				RES SUB/AHW
UNITED WAY FOX CITIES INC 1455 MIDWAY ROAD MENASHA, WI 54952	39-0912895	501(c)(3)	30,666				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
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE ST MILWAUKEE, WI 53212	39-0806190	501(c)(3)	10,276				ADVANCE HEALTH WI
UNITED WAY PORTAGE COUNTY INC 1100 CENTERPOINT DR STEVENS POINT, WI 54481	39-0831152	501(c)(3)	96,175				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 ALABAMA AT BIRMINGHAM 1530 3RD AVENUE SOUTH BIRMINGHAM, AL 35294	63-6005396	GOVT	55,876				RESEARCH SUBAWARD
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD TUCSON, AZ 85719	86-6004791	GOVT	67,957				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 CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	GOVT	149,649				RESEARCH SUBAWARD
UNIVERSITY OF CALIFORNIA LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143	GOVT	167,276				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 CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	GOVT	64,658				RESEARCH SUBAWARD
UNIVERSITY OF CALIFORNIA SAN FRANCISCO 1855 FOLSOM STREET 425 SAN FRAN, CA 94143	94-6036493	GOVT	534,261				RES SUB/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 CHICAGO 6054 S DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(c)(3)	48,662				RESEARCH SUBAWARD
UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE CINCINNATI, OH 45221	31-6000989	GOVT	245,896				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 COLORADO 1800 N GRANT ST SUITE 400 DENVER, CO 80203	84-6000555	GOVT	17,680				RESEARCH SUBAWARD
UNIVERSITY OF FLORIDA PO BOX 113200 GAINESVILLE, FL 32611	59-6002052	GOVT	47,368				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 HOUSTON 4302 UNIV DRIVE ROOM 316 HOUSTON, TX 77204	74-6001399	GOVT	205,079				RESEARCH SUBAWARD
UNIVERSITY OF ILLINOIS 506 SOUTH WRIGHT STREET URBANA, IL 61801	37-6000511	GOVT	308,018				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 IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	GOVT	113,708				RESEARCH SUBAWARD
UNIVERSITY OF MICHIGAN 1000 VICTORS WAY STE 1A ANN ARBOR, MI 48108	38-6006309	GOVT	254,242				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 MINNESOTA 200 OAK ST SE STE 450 MINNEAPOLIS, MN 55455	41-6007513	GOVT	118,295				RESEARCH SUBAWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 309 CHAPEL HILL, NC 27514	56-6001393	GOVT	296,887				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 OKLAHOMA PO BOX 26901 OKLAHOMA CITY, OK 73126	73-6017987	GOVT	90,018				RESEARCH SUBAWARD
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	11,147				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 PITTSBURGH 123 UNIVERSITY PLACE PITTSBURGH, PA 15235	25-0965591	GOVT	111,151				RESEARCH SUBAWARD
UNIVERSITY OF ROCHESTER 1325 MT HOPE AVENUE ROCHESTER, NY 14620	16-0743209	501(c)(3)	13,407				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 SOUTH FLORIDA 3650 SPECTRUM BLVD STE 160 TAMPA, FL 33612	59-3102112	GOVT	47,828				RESEARCH SUBAWARD
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	GOVT	415,388				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	129,416				RESEARCH SUBAWARD
UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	75-6002868	GOVT	68,950				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	170,916				RESEARCH SUBAWARD
UNIVERSITY OF WASHINGTON 3903 BROOKLYN AVENUE SEATTLE, WA 98105	91-6001537	GOVT	58,129				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	125,005				RESEARCH SUBAWARD
UNIVERSITY OF WISCONSIN MADISON 21 N PARK ST SUITE 6401 MADISON, WI 53715	39-6006492	GOVT	3,045,865				RES SUB/AHW/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 MILWAUKEE PO BOX 413 MILWAUKEE, WI 53201	39-1805963	GOVT	704,907				RES SUB/AHW/EDUC
UNIVERSITY OF WISCONSIN OSHKOSH 800 ALGOMA BLVD OSHKOSH, WI 54901	39-1805963	GOVT	9,603				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
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(c)(3)	420,395				RES SUB/MED EDUC
VERSITI INC PO BOX 2178 MILWAUKEE, WI 53201	45-4675354	501(c)(3)	90,968				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)	1,400,278				RES SUB/AHW
VIRGINIA POLYTECHNIC INST& STATE UNIVERSITY 300 TURNER ST STE 4200 BLACKSBURG, VA 24061	54-6001805	GOVT	35,361				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
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(c)(3)	22,846				RESEARCH SUBAWARD
WALNUT WAY CONSERVATION CORP 2240 NORTH 17TH STREET MILWAUKEE, WI 53205	39-2007850	501(c)(3)	29,925				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 BOX 1034 ST LOUIS, MO 63112	43-0653611	501(c)(3)	160,070				RESEARCH SUBAWARD
WAYNE STATE UNIVERSITY 5700 CASS AVENUE DETROIT, MI 48202	38-6028429	GOVT	38,753				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
WESLEY COMMUNITY CENTER INC 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(c)(3)	35,921				RESEARCH SUBAWARD
WINNEBAGO COUNTY 112 OTTER AVE OSHKOSH, WI 54901	39-6005760	GOVT	185,546				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 ALLIANCE FOR WOMENS HEALTH INC PO BOX 1726 MADISON, WI 53701	80-0287566	501(c)(3)	10,667				ADVANCE HEALTH WI
WISCONSIN ASSN OF FREE & CHARITABLE CLINICS 4979 HICKORY COURT ELKHORN, WI 53121	47-2298281	501(c)(3)	121,162				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 DEPARTMENT OF JUSTICE PO BOX 7857 MADISON, WI 53707	39-6006427	GOVT	22,932				ADVANCE HEALTH WI
WISCONSIN EARLY CHILDHOOD ASSN 2908 MARKETPLACE DRIVE FITCHBURG, WI 53719	39-1345572	501(c)(3)	105,078				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 EMS ASSOCIATION 26422 OAKRIDGE DRIVE WIND LAKE, WI 53185	82-3248684	501(c)(3)	126,075				ADVANCE HEALTH WI
WISCONSIN LITERACY INC 211 S PATERSON ST STE 260 MADISON, WI 53703	39-1628898	501(c)(3)	92,655				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
WISCONSIN PHARMACY FOUNDATION INC 701 HEARTLAND TRAIL MADISON, WI 53717	39-0714490	501(c)(3)	89,200				ADVANCE HEALTH WI

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		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
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a	Yes	
b Any related organization?	6b	Yes	
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

See Additional Data Table**Schedule J (Form 990) 2018**

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.

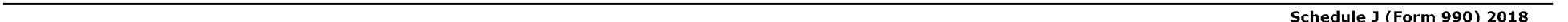
Return Reference	Explanation
SCHEDULE J, PART I, LINE 1	MCW PAID BUSINESS SOCIAL CLUB MEMBERSHIP DUES ON BEHALF OF ONE TRUSTEE, FOUR OFFICERS AND ONE OF ITS HIGHEST COMPENSATED EMPLOYEES DURING CALENDAR YEAR 2018. MEMBERSHIPS ARE USED FOR MONTHLY BOARD AND COMMITTEE MEETINGS AND FOR OTHER BUSINESS MEETINGS. 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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	MCW maintains a section 457(f) supplemental nonqualified retirement plan for certain eligible employees (THE PLAN) SEVEN 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 GENERALLY vest in their contributions for a plan year on the last day of the third plan year FOLLOWING THAT PLAN YEAR for each plan year they are a participant HOWEVER, IF A PARTICIPANT REACHES AGE 62 AND HAS PARTICIPATED IN THREE PLAN YEARS, THE PARTICIPANT BECOMES FULLY VESTED IN ALL CONTRIBUTIONS AT THE END OF THAT PLAN YEAR Distributions are made to the eligible participants in a single, lump sum payment when contributions become vested PARTICIPANT JOHN R RAYMOND, SR , MD, MET A VESTING REQUIREMENT under the plan DURING CALENDAR YEAR 2018 resulting in \$390,977 of reported compensation

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
SCHEDULE J, PART II	VINCENT P MATHEWS, MD, IS COMPENSATED AS CHAIR AND PROFESSOR OF RADIOLOGY, 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				
JOHN R RAYMOND SR MD TRUSTEE/PRESIDENT AND CEO	(i)	976,506	186,443	460,108	83,507	27,423	1,733,987	288,816
	(ii)	0	0	0	0	0	0	0
JOSEPH E KERSCHNERMD TRUSTEE/PROVOST& EXEC VP, DEAN	(i)	847,456	169,343	52,547	127,802	30,138	1,227,286	0
	(ii)	0	0	0	0	0	0	0
VINCENT P MATHEWS MD TRUSTEE	(i)	632,404	88,359	21,254	22,000	22,819	786,836	0
	(ii)	0	0	0	0	0	0	0
RAVINDRA P MISRA PHD DEAN, GRADUATE SCHOOL	(i)	184,227	1,200	3,115	15,105	12,104	215,751	0
	(ii)	0	0	0	0	0	0	0
GEORGE MACKINNON III PHD DEAN, PHARMACY SCHOOL	(i)	311,696	41,761	6,608	22,000	29,531	411,596	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER P KOPS EXEC VP-FINANCE & ADMIN, COO	(i)	543,364	92,867	24,095	89,741	8,401	758,468	0
	(ii)	0	0	0	0	0	0	0
JOHN T NEWSOME ESQ SR VP-GENERAL COUNSEL/ASST SEC	(i)	438,992	80,611	16,199	22,000	30,886	588,688	0
	(ii)	0	0	0	0	0	0	0
CHERYL MAURANA PHD SR VP-ACADEMIC PARTNERSHIPS	(i)	440,825	107,187	12,967	49,562	26,893	637,434	0
	(ii)	0	0	0	0	0	0	0
KURT L JANAVITZ SR VP-HEALTHCARE PARTNERSHIPS	(i)	403,904	65,000	9,953	71,200	4,728	554,785	0
	(ii)	0	0	0	0	0	0	0
GREGORY M WESLEY SR VP-STRATEGIC ALLIANCES	(i)	397,150	70,380	28,025	50,062	4,489	550,106	0
	(ii)	0	0	0	0	0	0	0
ALICE ARCHABAL VP-DEVELOPMENT/CDO TO 11/16/18	(i)	297,162	111,082	35,087	57,685	32,674	533,690	0
	(ii)	0	0	0	0	0	0	0
JEFFREY BORNEMANN VP-FACILITIES & OPERATIONS	(i)	209,239	36,654	654	20,069	25,526	292,142	0
	(ii)	0	0	0	0	0	0	0
SHERRI DUCHARME-WHITE VP-HR & FACULTY AFFAIRS	(i)	338,215	64,125	3,020	22,000	33,521	460,881	0
	(ii)	0	0	0	0	0	0	0
DAVID HOTCHKISS VP-INFORMATION SERVICES, CIO	(i)	313,456	57,436	969	22,000	31,899	425,760	0
	(ii)	0	0	0	0	0	0	0
KATHRYN KUHN VP-GOVT & COMMUNITY RELATIONS	(i)	231,178	41,436	14,069	22,000	28,651	337,334	0
	(ii)	0	0	0	0	0	0	0
MARA LORD VP-COMMUNICATIONS, INTERIM CDO	(i)	211,728	37,755	19,189	20,980	30,357	320,009	0
	(ii)	0	0	0	0	0	0	0
DANIEL WICKEHAM VP-CORP COMPLIANCE & RISK MGT	(i)	238,801	42,953	12,377	22,000	28,678	344,809	0
	(ii)	0	0	0	0	0	0	0
BARCLAY FERGUSON CHIEF FINANCIAL OFFICER	(i)	369,129	64,388	20,923	22,000	30,206	506,646	0
	(ii)	0	0	0	0	0	0	0
C GREER JORDAN PHD CHIEF DIVERSITY OFFICER	(i)	219,226	39,831	15,499	21,363	30,315	326,234	0
	(ii)	0	0	0	0	0	0	0
ROBERT LANE MD CHAIR, PROF DEPT OF PEDIATRICS	(i)	521,484	65,169	18,955	22,000	30,601	658,209	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				
ROY L SILVERSTEIN MD CHAIR, PROF DEPT OF MEDICINE	(i)	597,361	69,274	21,426	22,000	21,137	731,198	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS B EVANS MD CHAIR, PROF DEPT OF SURGERY	(i)	1,037,390	265,249	21,682	22,000	20,015	1,366,336	0
	(ii)	0	0	0	0	0	0	0
JOHNNY C HONG MD CHIEF, PROF TRANSPLANT SURG	(i)	974,371	313,196	480	22,000	30,801	1,340,848	0
	(ii)	0	0	0	0	0	0	0
VIKTOR HRASKA MD CHIEF, PROF PED CARDIAC SURG	(i)	1,801,990	1,350	19,692	22,000	20,014	1,865,046	0
	(ii)	0	0	0	0	0	0	0
SHEKAR N KURPAD MD CHAIR, PROF DEPT OF NEUROSURG	(i)	1,273,995	179,121	1,380	22,000	11,422	1,487,918	0
	(ii)	0	0	0	0	0	0	0
J CHANNING TASSONEMD PROF OF ORTHOPAEDIC SURGERY	(i)	791,351	507,350	501	22,000	19,986	1,341,188	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	77,510,000		0		24,235,000		6,840,000	
2	Amount of bonds legally defeased	0		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	785,654		0		413		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?			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
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?			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
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 %		1 288 %		0 %		1 187 %	
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 %	
6	Total of lines 4 and 5			1 288 %				1 187 %	
7	Does the bond issue meet the private security or payment test? . . .				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
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .			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
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	

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, Series 2016 and Series 2018 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 7/30/2018 COLUMN B - A REBATE COMPUTATION WAS PERFORMED ON 9/07/2018 COLUMN C - A REBATE COMPUTATION WAS PERFORMED ON 12/02/2015

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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OMB No 1545-0047

2018

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 2014B	39-1337855	000000000	12-16-2014	13,930,000	REFUND WHEFA 2010 SERIES		X		X		X
B WHEFA SERIES 2016	39-1337855	97712DPV2	05-11-2016	177,101,039	CONSTR FAC/CAP PROJ/REF 2008A SER		X		X		X
C WHEFA SERIES 2018	39-1337855	000000000	09-06-2018	55,000,000	RENOV CAPITAL PROJECTS AND EQUIP		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	865,000		6,565,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	13,930,000		178,028,867		55,605,480			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		6,349,729		652,306			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	178,377		1,570,242		277,007			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		100,545,136		31,893,835			
11	Other spent proceeds	13,751,623		69,563,760		0			
12	Other unspent proceeds	0		0		22,782,332			
13	Year of substantial completion			2017					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?			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			
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		X		
c	Are there any research agreements that may result in private business use of bond-financed property?			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		
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 %		0 506 %		0 003 %			
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 %			
6	Total of lines 4 and 5			0 506 %		0 003 %			
7	Does the bond issue meet the private security or payment test? . . .				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		
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		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			

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		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?	X		X			X		
c	No rebate due?		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		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		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		X		
b Name of provider	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		
7 Has the organization established written procedures to monitor the requirements of section 148?	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			

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

▶ 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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
70-0806261

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) KAREN J MACKINNON RPH	WIFE OF OFFICER	174,845	ASST PROFESSOR,CLINICAL SCIENCE		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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		267	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	37	1,528,079	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 ► (Medical Equip for Training)	X	2	7,250	Cost/ Selling price
26 Other ► (Sports Tickets)	X	6	3,594	Cost/ Selling price
27 Other ► ()				
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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Yes

No

30a

No

31

Yes

32a

No

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

Cat No 51227J

Schedule M (Form 990) (2018)

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**

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Department of the Treasury

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 29,400 physicians and 14,700 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	<p>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 2019, MCW faculty conducted more than 2,700 research studies, including clinical trials, and reported 72 new discoveries and inventions to MCW's Office of Technology Development. The portfolio includes 299 technologies covered by more than 450 pending and issued U.S. and foreign patents.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - CONTINUED	<p>MCW providers, physician assistants, nurse practitioners and other health care practitioners care for approximately 520,000 patients, representing approximately 4.0 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 2019, the estimated direct and indirect costs incurred by MCW to provide services under MCW's community care policy were \$2.7 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>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.</p>

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 DAVID LUBAR AND MARY ELLEN STANEK, TRUSTE ES - BUSINESS RELATIONSHIP THOMAS L SPERO AND OWEN J SULLIVAN, TRUSTEES - BUSINESS RELAT IONSHIP THOMAS L SPERO AND JAY B WILLIAMS, TRUSTEES - BUSINESS RELATIONSHIP

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 MAJ ORITY 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	VINCENT P MATHEWS, MD, is compensated as Chair and Professor of RADIOLOGY, not for his role as trustee JOSEPH KERSCHNER, MD, Viktor Hraska, MD, AND J Channing Tassone, 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 LOSS ON INTEREST RATE SWAP (\$4,110,806) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS (\$34,160) INTERCOMPANY TRANSFER (\$749,964) TOTAL (\$4,894,930)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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	
(1) Children's Hlth Network of WI LLC 8701 Watertown Plank Rd Milwaukee, WI 53226	Health Care	WI	NA	Related	0	0		No	0	Yes		50 000 %
(2) Drexel Town Sq Surg Center LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 81-4904300	Surgery Center	WI	Froedtert Hlth	Related	-1,437,032	2,589,410		No	0	Yes		49 000 %
(3) FMLH MCW Real Estate Ventures LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 26-0629591	Real Estate	WI	NA	Related	314,526	11,344,101		No	0	Yes		50 000 %
(4) Froedtert & MCW Network LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 81-4382585	Health Care	WI	NA	Related	1,700,638	3,284,245		No	0	Yes		50 000 %
(5) Froedtert Surgery Center LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 20-1499345	Surgery Center	WI	Froedtert Hosp	Related	641,578	3,412,139		No	0	Yes		30 000 %

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	1,367,229	20,476,217	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

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

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c

No

d Loans or loan guarantees to or for related organization(s)

1d

Yes

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

Yes

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

Yes

s Other transfer of cash or property from related organization(s)

1s

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	1,846,962	CASH BASIS
(2)MCW Prof Liability Insurance Program	R	749,964	CASH BASIS

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation