

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493137023511

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
The Medical College of Wisconsin Inc

% PAMELA J STANICK

Doing business as

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

8701 Watertown Plank Road

City or town, state or province, country, and ZIP or foreign postal code

Milwaukee, WI 532263548

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

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

G Gross receipts \$ 1,905,605,294

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

J Website: ▶ <http://www.mcw.edu>

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1918

M State of legal domicile: WI

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

3 26

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 23

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

5 7,232

6 Total number of volunteers (estimate if necessary)

6 24

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 110,846

7b Net unrelated business taxable income from Form 990-T, line 39

7b 27,273

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

187,393,808

993,408,242

77,021,079

1,060,592

1,258,883,721

Current Year

207,371,004

995,530,737

82,442,661

807,082

1,286,151,484

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶5,050,806

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

40,544,988

0

899,840,559

40,447

239,200,271

1,179,626,265

79,257,456

47,156,362

0

933,499,516

40,488

237,255,496

1,217,951,862

68,199,622

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

2,456,134,363

634,447,912

1,821,686,451

End of Year

2,541,731,692

736,872,061

1,804,859,631

Part II Signature Block

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

Signature of officer

2021-05-14

Date

BARCLAY FERGUSON CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2021-05-11

Check ☐ if self-employed

PTIN P01441612

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 101 SEAPORT BLVD SUITE 500

Phone no. (617) 530-5000

BOSTON, MA 02210

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 113,896,863 including grants of \$ 14,136,219) (Revenue \$ 88,518,540)
See Additional Data

4b (Code:) (Expenses \$ 275,792,486 including grants of \$ 28,636,639) (Revenue \$ 43,201,801)
See Additional Data

4c (Code:) (Expenses \$ 704,611,618 including grants of \$ 0) (Revenue \$ 863,042,944)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 12,632,954 including grants of \$ 4,383,504) (Revenue \$ 767,452)

4e Total program service expenses ► 1,106,933,921

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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 ComplianceCheck 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	2,725	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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	26	
	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	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	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?	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?	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.

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

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

[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)	18,294,345	0	1,593,124

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 ▶ 2,135

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
FROEDTERT HEALTH MEDICAL GROUP, 9200 W WISCONSIN AVENUE MILWAUKEE, WI 53226	PHYSICIAN/SHARED SVC	11,944,046
AFFILIATED CONSTRUCTION SERVICES IN, 8401 GREENWAY BLVD SUITE 500 MIDDLETON, WI 53562	CONSTRUCTION SERVICE	9,657,895
MEDICAL COLLEGE OF WI AFFIL HOSP, 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	RESIDENT SERVICES	8,225,019
NATL MARROW DONOR PROGRAM, 3433 BROADWAY STREET NE 400 MINNEAPOLIS, MN 55413	RESEARCH SUBCONTRACT	8,081,938
FROEDTERT HEALTH INC, 9200 W WISCONSIN AVENUE MILWAUKEE, WI 53226	CONTRACTUAL SERVICES	8,043,210

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 ▶ 197
---	--

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514				
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a											
	b Membership dues . . .	1b											
	c Fundraising events . . .	1c	767,775										
	d Related organizations	1d											
	e Government grants (contributions)	1e	163,191,409										
	f All other contributions, gifts, grants, and similar amounts not included above	1f	43,411,820										
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,197,325										
	h Total. Add lines 1a-1f ▶					207,371,004							
Program Service Revenue			Business Code										
	2a CLINICAL PRACTICE PLAN REVENUE	621110		563,672,500		563,650,332		22,168					
	b PHYSICIAN CONTRACTS/AFFILIATE SVCS	621110		179,285,710		179,285,710							
	c MEDICARE/MEDICAID PAYMENTS	621110		140,036,251		140,036,251							
	d MEDICAL INSTRUCTION TUITION AND FEES	611600		70,175,029		70,175,029							
	e NON-GOVERNMENTAL GRANTS AND CONTRACTS	541700		38,558,140		38,558,140							
	f All other program service revenue.			3,803,107		3,803,107							
	g Total. Add lines 2a-2f. ▶					995,530,737							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			25,801,789				-340,795		26,142,584			
	4 Income from investment of tax-exempt bond proceeds ▶			12,740						12,740			
	5 Royalties ▶			934,251						934,251			
			(i) Real	(ii) Personal									
	6a Gross rents	6a	2,905,117										
	b Less: rental expenses	6b	2,752,552										
	c Rental income or (loss)	6c	152,565	0									
	d Net rental income or (loss) ▶			152,565								152,565	
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory	7a	672,259,519	383,982									
	b Less: cost or other basis and sales expenses	7b	615,565,880	449,489									
	c Gain or (loss)	7c	56,693,639	-65,507									
	d Net gain or (loss) ▶			56,628,132				356,337				56,271,795	
	8a Gross income from fundraising events (not including \$ 767,775 of contributions reported on line 1c). See Part IV, line 18		8a	222,243									
	b Less: direct expenses		8b	582,348									
	c Net income or (loss) from fundraising events . . . ▶			-360,105								-360,105	
	9a Gross income from gaming activities. See Part IV, line 19		9a	11,420									
	b Less: direct expenses		9b	4,185									
	c Net income or (loss) from gaming activities . . . ▶			7,235								7,235	
	10a Gross sales of inventory, less returns and allowances . . .		10a	172,492									
	b Less: cost of goods sold . . .		10b	99,356									
	c Net income or (loss) from sales of inventory . . . ▶			73,136				73,136					
Miscellaneous Revenue			Business Code										
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶					0								
12 Total revenue. See instructions ▶					1,286,151,484		995,508,569		110,846		83,161,065		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,436,457	34,436,457		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,222,670	12,222,670		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	497,235	497,235		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	12,714,624	3,844,959	8,156,506	713,159
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	643,053	643,053		
7 Other salaries and wages	774,808,228	731,793,951	40,874,359	2,139,918
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	42,097,330	39,429,654	2,540,304	127,372
9 Other employee benefits	61,466,896	57,991,888	3,318,794	156,214
10 Payroll taxes	41,769,385	38,833,495	2,790,541	145,349
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,448,908	884,241	564,667	
c Accounting	776,107		776,107	
d Lobbying	225,802	220,797	5,005	
e Professional fundraising services. See Part IV, line 17	40,488			40,488
f Investment management fees	6,300,566		6,300,566	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,101,144	38,394,657	8,778,388	928,099
12 Advertising and promotion	2,482,737	2,469,230		13,507
13 Office expenses	7,995,065	5,401,033	2,478,398	115,634
14 Information technology	16,739,397	5,047,715	11,426,216	265,466
15 Royalties	187,442	187,442		
16 Occupancy	35,247,555	27,718,982	7,386,279	142,294
17 Travel	7,326,537	7,132,154	174,585	19,798
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	7,728,795	7,437,269	253,374	38,152
20 Interest	10,690,765	9,876,389	814,376	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	35,885,264	32,767,602	2,972,141	145,521
23 Insurance	663,743	148,803	514,940	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL & RESEARCH SUPPLIES	20,755,973	20,755,973		
b DUES & SUBSCRIPTIONS	9,100,772	8,412,498	679,270	9,004
c RESIDENTS & FELLOWS	9,372,611	9,372,611		
d EQUIPMENT & MAINTENANCE	7,868,180	4,875,368	2,992,085	727
e All other expenses	8,358,133	6,137,795	2,170,234	50,104
25 Total functional expenses. Add lines 1 through 24e	1,217,951,862	1,106,933,921	105,967,135	5,050,806
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		141,949	1	4,295
	2	Savings and temporary cash investments		107,162,789	2	117,979,335
	3	Pledges and grants receivable, net		81,179,613	3	73,543,272
	4	Accounts receivable, net		112,922,468	4	109,338,132
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		65,579	8	74,387
	9	Prepaid expenses and deferred charges		4,719,108	9	6,845,795
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 742,948,883			
	b	Less: accumulated depreciation	10b 446,986,821	291,189,007	10c	295,962,062
	11	Investments—publicly traded securities		477,219,496	11	393,441,110
	12	Investments—other securities. See Part IV, line 11		1,231,280,158	12	1,317,050,875
	13	Investments—program-related. See Part IV, line 11		115,562,218	13	116,419,801
	14	Intangible assets		6,575,972	14	6,088,544
	15	Other assets. See Part IV, line 11		28,116,006	15	104,984,084
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,456,134,363	16	2,541,731,692	
Liabilities	17	Accounts payable and accrued expenses		267,118,034	17	264,481,685
	18	Grants payable		0	18	0
	19	Deferred revenue		14,787,043	19	20,640,652
	20	Tax-exempt bond liabilities		321,204,578	20	313,895,344
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		4,570,143	23	10,873,851
	24	Unsecured notes and loans payable to unrelated third parties		1,495,200	24	1,495,200
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25,272,914	25	125,485,329
	26	Total liabilities. Add lines 17 through 25		634,447,912	26	736,872,061
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		1,109,694,295	27	1,102,753,728
	28	Net assets with donor restrictions		711,992,156	28	702,105,903
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,821,686,451	32	1,804,859,631
33	Total liabilities and net assets/fund balances		2,456,134,363	33	2,541,731,692	

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	1,286,151,484
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,217,951,862
3	Revenue less expenses. Subtract line 2 from line 1	3	68,199,622
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,821,686,451
5	Net unrealized gains (losses) on investments	5	-78,693,929
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	-6,332,513
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,804,859,631

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

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

Education - Approximately 1,500 students are enrolled in degree-granting educational programs at MCW. This includes 995 medical students, 326 graduate students, 139 pharmacy students, and 47 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 2020, MCW invested \$300.2 million in research, teaching, training and related purposes which will lead to improved patient care and health outcomes. This total includes \$110.2 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 1,650 MCW physicians and more than 725 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			
VIKTOR HRASKA MD CHIEF, PROF-PED CARDIAC SURG	2.0 38.0					X		1,823,985	0	41,907
ABDEL ALQWASMI MD PHYSICIAN-HEMATOLOGY/MED ONCOL	40.0 0.0					X		1,477,964	0	48,304
JOHN R RAYMOND SR MD TRUSTEE/PRESIDENT AND CEO	40.0 0.0	X		X				1,288,333	0	169,025
SHEKAR N KURPAD MD CHAIR, PROF-NEUROSURGERY	40.0 0.0					X		1,398,263	0	33,142
JOSEPH E KERSCHNERMD TRUSTEE/PROVOST& EXEC VP, DEAN	38.0 2.0	X		X				1,258,311	0	161,462
MADHURI TRIVEDI MD PHYSICIAN-GASTROENTEROLOGY	40.0 0.0					X		1,334,108	0	41,792
DOUGLAS B EVANS MD CHAIR, PROF-SURGERY	40.0 0.0					X		1,331,035	0	41,907
VINCENT P MATHEWS MD TRUSTEE	40.0 0.0	X						834,231	0	44,573
CHRISTOPHER P KOPS EXEC VP-FINANCE & ADMIN, COO	40.0 0.0			X				676,079	0	99,968
ROY L SILVERSTEIN MD CHAIR, PROF-MEDICINE	40.0 0.0				X			695,479	0	42,917

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT LANE MD CHAIR, PROF-PEDIATRICS	40.0 0.0				X			637,575	0	52,373
CHERYL MAURANA PHD SR VP-ACADEMIC PARTNERSHIPS	40.0 0.0			X				533,994	0	103,858
JOHN T NEWSOME ESQ SR VP-GENERAL COUNSEL/ASST SEC	40.0 0.0			X				530,781	0	52,307
GREGORY M WESLEY SR VP-STRAT ALLIANCES/BUS DEV	40.0 0.0			X				503,116	0	78,414
KURT L JANAVITZ SR VP-HEALTHCARE PARTNERSHIPS	40.0 0.0			X				488,856	0	85,588
SHERRI DUCHARME-WHITE VP-HR TO 8/31/19	40.0 0.0			X				493,991	0	52,904
BARCLAY FERGUSON CHIEF FINANCIAL OFFICER	40.0 0.0			X				470,121	0	32,902
MARA LORD SEE SCHEDULE O FOR TITLE	40.0 0.0			X				429,028	0	65,280
DAVID HOTCHKISS VP-INFORMATION SERVICES, CIO	40.0 0.0			X				379,383	0	54,070
GEORGE MACKINNON III PHD DEAN, PHARMACY SCHOOL	40.0 0.0			X				361,644	0	50,907

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			
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
CHRISTY L BROWN TRUSTEE	1.0 0.0	X						0	0	0
JOHN DONOFRIO TRUSTEE	1.0 0.0	X						0	0	0
PHILIP B FLYNN TRUSTEE	1.0 0.0	X						0	0	0
DAVID GAY TRUSTEE	1.0 0.0	X						0	0	0
LINDA G GORENS-LEVEY TRUSTEE	1.0 0.0	X						0	0	0
PAUL W GRIEPENTROG TRUSTEE	1.0 0.0	X						0	0	0
JOHN M GROGAN 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			
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	1.0 0.0	X						0	0	0
CHRIS MISKEL TRUSTEE	1.0 0.0	X						0	0	0
JUSTIN L MORTARA PHD TRUSTEE	1.0 0.0	X						0	0	0
WAYNE C OLDENBURG TRUSTEE	1.0 0.0	X						0	0	0
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

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 instructions and the latest information.

OMB No. 1545-0047

2019

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	151,693,606	171,540,243	152,950,270	187,393,808	207,371,004	870,948,931
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	151,693,606	171,540,243	152,950,270	187,393,808	207,371,004	870,948,931
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.						870,948,931

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	151,693,606	171,540,243	152,950,270	187,393,808	207,371,004	870,948,931
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,174,899	29,163,522	30,478,509	34,064,472	29,994,692	152,876,094
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.). . .	264,888	284,718	275,000	261,010	233,663	1,319,279
11	Total support. Add lines 7 through 10						1,025,188,144
12	Gross receipts from related activities, etc. (see instructions)					12	4,672,029,667
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 2019 (line 6, column (f) divided by line 11, column (f))	14 84.955 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 84.371 %
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

2019

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
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		357,598
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			357,598
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, 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 EXECUTIVE BRANCHES INCLUDING THE STATE'S DEPARTMENT OF ADMINISTRATION, DEPARTMENT OF HEALTH SERVICES, HIGHER EDUCATIONAL AIDS BOARD, OFFICE OF COMMISSIONER OF INSURANCE, AND THE WISCONSIN ECONOMIC DEVELOPMENT CORPORATION, AND ON THE FEDERAL SIDE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, TREASURY, AND DEPARTMENT OF DEFENSE. LOBBYING EXPENDITURES FOR IN-HOUSE LOBBYIST'S COMPENSATION AND FRINGE BENEFITS AND EXTERNAL LOBBYIST'S CONTRACT FEES AND EXPENSES TOTALLED \$357,598.
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.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493137023511

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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.

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

(a)

Current year

(b)

Prior year

(c)

Two years back

(d)

Three years back

(e)

Four years back

938,170,477

930,598,474

875,162,690

750,699,730

777,876,016

333,678,389

19,622,050

20,022,269

29,552,286

23,563,395

7,836,816

26,302,948

67,684,013

124,822,969

-22,696,974

1,520,412

1,743,915

1,700,389

1,355,343

1,276,426

39,760,047

32,869,873

26,937,799

25,051,659

23,292,487

4,690,656

3,739,207

3,632,310

3,505,293

3,473,794

1,233,714,567

938,170,477

930,598,474

875,162,690

750,699,730

2

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

a

Board designated or quasi-endowment ▶ 56.000 %

b

Permanent endowment ▶ 33.000 %

c

Temporarily restricted endowment ▶ 11.000 %

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

c

Leasehold improvements

d

Equipment

e

Other

8,577,647

420,703,053

21,688,750

276,477,590

15,501,843

220,659,427

16,055,832

209,320,943

950,619

8,577,647

200,043,626

5,632,918

67,156,647

14,551,224

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

295,962,062

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	332,038,361	F
(B) COMMINGLED EQUITY FUNDS	810,438,469	F
(C) COMMINGLED BOND FUNDS	163,321,467	F
(D) EQUITY MUTUAL FUND CLOSELY HLD	9,278,753	F
(E) GUARANTEED INVSTMENT CONTRACTS	1,973,825	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,317,050,875	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) LONG-TRM OPERATNG LEASE OBLIGATIONS	95,950,385
(3) INTEREST RATE SWAP AGREEMENT	20,553,733
(4) US GOVT SPONSORED LOAN FUND	8,981,211
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	125,485,329

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, 2020.</p>

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
The Medical College of Wisconsin Inc

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
39-0806261

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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 the homepage of 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

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

2019

Open to Public Inspection

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
39-0806261

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total		1			585,847,511
b Total from continuation sheets to Part I					98,091
c Totals (add lines 3a and 3b)		1			585,945,602

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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	1
---	---	---

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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. WORK PERFORMED BY THE SUBRECIPIENT IS MONITORED TO DETERMINE THAT PROGRESS IS BEING 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	RESEARCH	7,000
Central America and the Caribbean			Program Services	SEMINARS/CONFERENCES	91,763

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	MEDICAL MISSION TRIP	18,146
Central America and the Caribbean			Investments		573,933,245

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	19,537
East Asia and the Pacific			Program Services	SEMINARS/CONFERENCES	71,858

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	241,401
Europe (Including Iceland and Greenland)			Program Services	SEMINARS/CONFERENCES	289,930

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		10,461,477
Middle East and North Africa			Program Services	SEMINARS/CONFERENCES	12,479

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	216,745
North America			Program Services	SEMINARS/CONFERENCES	76,177

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		143,919
Russia and the Newly Independent States		1	Program Services	RESEARCH/SUBAWARDS	188,021

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	34,654
South Asia			Program Services	RESEARCH	15,200

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	25,959
Sub-Saharan Africa			Program Services	RESEARCH	87,082

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	11,009

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	44,681	WIRE			
		Europe (Including Iceland and Greenland)	RESEARCH SUBAWARD	120,252	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	RESEARCH SUBAWARD	60,837	WIRE			
		North America	RESEARCH SUBAWARD	94,891	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)
		East Asia and the Pacific	RESEARCH SUBAWARD	19,537	WIRE			
		Russia and the Newly Independent States	RESEARCH SUBAWARD	157,037	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 <u>WALK/RUN EVENT</u> (event type)	(b) Event #2 <u>DDC DINNER</u> (event type)	(c) Other events <u>5</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	314,834	323,100	352,084	990,018
	2 Less: Contributions	275,060	232,700	260,015	767,775
	3 Gross income (line 1 minus line 2)	39,774	90,400	92,069	222,243
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	423	423
	6 Rent/facility costs	24,928	79,410	31,801	136,139
	7 Food and beverages	476	88,938	131,399	220,813
	8 Entertainment	9,587	75,000	43,328	127,915
	9 Other direct expenses	76,028	11,206	9,824	97,058
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				582,348
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-360,105

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?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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?

☐ Yes ☐ No

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

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?

☐ Yes ☐ No

b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

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

2019

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 ▶ 143

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

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) RESEARCH TRAINEE STIPENDS	443	918,185			
(2) STUDENT AWARDS	103	79,700			
(3) MEDICAL STUDENT TRAVEL/HOUSING ALLOWANCE	60	98,847			
(4) CARES ACT EMERGENCY GRANTS TO STUDENTS	131	41,160			
(5) MEDICAL STUDENT SCHOLARSHIPS	412		4,296,497	BOOK	SCHOLARSHIPS
(6) GRADUATE SCHOOL SCHOLARSHIPS	279		6,759,781	BOOK	SCHOLARSHIPS
(7) PHARMACY SCHOOL SCHOLARSHIPS	8		28,500	BOOK	SCHOLARSHIPS
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	MEDICAL, GRADUATE AND PHARMACY SCHOOL SCHOLARSHIPS ARE APPLIED DIRECTLY TO STUDENTS' ACCOUNTS AT MCW. MCW MAINTAINS RECORDS TO JUSTIFY THE AWARD DECISIONS, INCLUDING THE FINANCIAL AID ELIGIBILITY OF THE RECIPIENTS. MCW received funding from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide Emergency Financial Aid grants to students for expenses related to the disruption of campus operations due to coronavirus. MCW disbursed these grant funds directly to students who requested financial assistance for qualifying expenses based on completion of an online application and review process. 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 Wisconsin residents and reducing disparities statewide. 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 funds awarded to organizations, 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. WORK PERFORMED BY THE SUBRECIPIENT IS MONITORED 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)	21,038				RES SUB/AHW
211 WISCONSIN INC 2059 ATWOOD AVENUE MADISON, WI 53704	20-1376669	501(c)(3)	93,981				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
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD 2100 CHICAGO, IL 60606	36-3412054	501(c)(3)	86,705				RESEARCH SUBAWARD
AIDS RESOURCE CENTER OF WISCONSIN INC PO BOX 510498 MILWAUKEE, WI 53203	39-1534049	501(c)(3)	276,161				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS TASKFORCE OF GREATER CLEVELAND 3210 EUCLID AVENUE CLEVELAND, OH 44115	34-1433612	501(c)(3)	234,072				RESEARCH SUBAWARD
ALMA CENTER INC 2821 N 4TH STREET MILWAUKEE, WI 53212	36-4530524	501(c)(3)	6,650				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
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW STE400 ATLANTA, GA 30303	13-1788491	501(c)(3)	60,919				ADVANCE HEALTH WI
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC 1120 15TH STREET AUGUSTA, GA 30912	58-1418202	501(c)(3)	508,146				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
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(c)(3)	96,288				RESEARCH SUBAWARD
BENAROYA RESEARCH INSTITUTE 1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(c)(3)	8,969				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)	62,295				ADVANCE HEALTH WI
BICYCLE FED OF WI EDUCATIONAL FOUNDATION 3618 W PIERCE ST 250 MILWAUKEE, WI 53215	39-1686663	501(c)(3)	83,411				ADVANCE HEALTH WI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIENESTAR HUMAN SERVICES INC 5326 E BEVERLY BLVD LOS ANGELES, CA 90022	95-4505737	501(c)(3)	198,495				RESEARCH SUBAWARD
BOSTON CHILDRENS HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02215	04-2774441	501(c)(3)	60,019				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
BUCK INSTITUTE FOR RESEARCH ON AGING 8001 REDWOOD BOULEVARD NOVATO, CA 94945	94-3030609	501(c)(3)	130,837				RESEARCH SUBAWARD
CASE WESTERN RESERVE UNIV 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(c)(3)	76,738				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)	6,746				ADVANCE HEALTH WI
CENTER FOR HOUSING AND HEALTH 200 W JACKSON BLVD 2100 CHICAGO, IL 60606	26-4287202	501(c)(3)	177,567				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)	142,459				ADVANCE HEALTH WI
CHILDRENS HOSP OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-2237932	501(c)(3)	88,091				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD 97 LOS ANGELES, CA 90027	95-1690977	501(c)(3)	130,184				RESEARCH SUBAWARD
CHILDRENS HOSPITAL OF WISCONSIN 9000 W WISCONSIN AVENUE MILWAUKEE, WI 53201	39-0812532	501(c)(3)	670,717				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 AVE NW WASHINGTON, DC 20010	52-1654453	501(c)(3)	122,469				RESEARCH SUBAWARD
CHIPPEWA OTTAWA RESOURCE AUTHORITY 179 W 3 MILE ROAD SAULT STE MARIE, MI 49789	38-3568787	OTHER	60,283				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
CINCINNATI CHILDRENS HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(c)(3)	83,499				RESEARCH SUBAWARD
CLEVELAND CLINIC FOUNDATION 9500 EUCLIND AVE JJN5 CLEVELAND, OH 44195	91-2153073	501(c)(3)	131,839				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)	28,698				RESEARCH SUBAWARD
CONCORDIA UNIVERSITY WISCONSIN 12800 N LAKE SHORE DRIVE MEQUON, WI 53097	39-0833608	501(c)(3)	124,394				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
CONVERGENCE RESOURCE CENTER 7961 NORTH 76TH STREET MILWAUKEE, WI 53223	04-3698740	501(c)(3)	17,538				ADVANCE HEALTH WI
CREATE PORTAGE COUNTY INC PO BOX 565 STEVENS POINT, WI 54481	20-1960836	501(c)(3)	11,439				ADVANCE HEALTH WI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(c)(3)	45,953				RESEARCH SUBAWARD
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755	02-0222111	501(c)(3)	252,759				TRANSFRM MED EDUC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSE AND RESILIENT INC 2439 HOLTON STREET MILWAUKEE, WI 53202	30-0084616	501(c)(3)	5,313				RESEARCH SUBAWARD
DUKE UNIVERSITY 324 BLACKWELL ST BLDG 850 DURHAM, NC 27701	56-0532129	501(c)(3)	131,793				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT 720 2ND AVENUE EAU CLAIRE, WI 54703	39-6005436	GOVT	170,923				ADVANCE HEALTH WI
EMMES CORPORATION THE 401 N WASHINGTON ST ROCKVILLE, MD 20850	54-1058268	OTHER	4,133,058				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(c)(3)	13,632				RESEARCH SUBAWARD
ERAS SENIOR NETWORK 2607 N GRANDVIEW BLVD WAUKESHA, WI 53188	39-1393171	501(c)(3)	16,771				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)	65,936				ADVANCE HEALTH WI
FOND DU LAC SCHOOL DISTRICT 72 W 9TH STREET FOND DU LAC, WI 54935	39-1411371	GOVT	72,763				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	501(c)(3)	194,145				ADVANCE HEALTH WI
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FARVIEW AVE N SEATTLE, WA 98109	23-7156071	501(c)(3)	54,205				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)	426,130				RESEARCH SUBAWARD
GREAT LAKES INTER TRIBAL COUNCIL INC PO BOX 9 LAC DU FLAMBU, WI 54538	39-1077479	501(c)(3)	40,285				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)	56,200				RESEARCH SUBAWARD
HEALTH CARE EDUCATION AND TRAINING INC 445 N PENNSYLVANIA ST INDIANAPOLIS, IN 46204	35-1910772	501(c)(3)	153,022				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
HEALTH RESEARCH INC ROSWELL PARK CANCER INS ELM CARLTON STREETS BUFFALO, NY 14263	14-1402155	501(c)(3)	9,936				RESEARCH SUBAWARD
HEARTLOVE PLACE INC 1915 N MLK JR DR MILWAUKEE, WI 53212	39-1896815	501(c)(3)	12,687				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
HMONG AMERICAN FRIENDSHIP ASSOCIATION INC 3824 W VLIET STREET MILWAUKEE, WI 53208	39-1456011	501(c)(3)	21,796				ADVANCE HEALTH WI
IMAGING BIOMETRICS LLC 13416 WATERTWN PLANK RD ELM GROVE, WI 53122	56-2633169	OTHER	74,818				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
INDIANA UNIVERSITY 509 E THIRD STREET BLOOMINGTON, IN 47401	35-6001673	GOVT	18,818				RESEARCH SUBAWARD
INSTITUTE FOR COMMUNITY RESEARCH 146 WYLLYS STREET HARTFORD, CT 06106	06-0653116	501(c)(3)	360,420				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
INTER TRIBAL COUNCIL OF MICHIGAN INC 2956 ASHMUN ST SAULT STE MARIE, MI 49783	38-1893519	501(c)(3)	76,697				RESEARCH SUBAWARD
JACKSON LABORATORY THE 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(c)(3)	23,761				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)	57,462				RESEARCH SUBAWARD
LA CLINICA DE LOS CAMPEÑINOS INC 400 S TOWNLINE ROAD WAUTOMA, WI 54982	39-1181480	501(c)(3)	62,421				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 COUNTY HEALTH DEPARTMENT 300 4TH STREET N LA CROSSE, WI 54601	39-6005709	GOVT	37,319				ADVANCE HEALTH WI
LA CROSSE MED HLTH SCIENCE CONSORTIUM 1300 BADGER ST OFC 3065 LA CROSSE, WI 54601	39-1804725	501(c)(3)	179,104				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
LAC DU FLAMBEAU PUBLIC SCHOOL DISTRICT 2899STATE HWY 47 S LAC DU FLMBEAU, WI 54538	39-6002022	GOVT	164,998				ADVANCE HEALTH WI
LAUREATE INSTITUTE FOR BRAIN RESEARCH 6655 SOUTH YALE AVENUE TULSA, OK 74136	73-1328881	501(c)(3)	18,866				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
LAWRENCE BERKELEY NATIONAL LAB ONE CYCLOTRON RD BERKELEY, CA 94720	94-2951741	GOVT	30,988				RESEARCH SUBAWARD
LOCAL INITIATIVES SUPPORT CORPORATION 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005	13-3030229	501(c)(3)	10,000				ADVANCE HEALTH WI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOYOLA UNIV OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(c)(3)	59,291				RESEARCH SUBAWARD
LURIE CHILDRENS HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-2170833	501(c)(3)	132,791				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARATHON COUNTY 500 FOREST STREET WAUSAU, WI 54403	39-6005716	GOVT	129,874				ADVANCE HEALTH WI
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201	39-0806251	501(c)(3)	683,183				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
MAX PLANCK FLORIDA INSTITUTE ONE MAX PLANCK WAY JUPITER, FL 33458	26-2117502	501(c)(3)	127,309				RESEARCH SUBAWARD
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	452,792				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	12,557				RESEARCH SUBAWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGWOOD AVE STE 608 CHARLESTON, SC 29425	57-6000722	GOVT	103,377				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
MENTAL HEALTH AMERICA OF WISCONSIN 600 W VIRGINIA ST 502 MILWAUKEE, WI 53204	39-0827843	501(c)(3)	178,312				ADVANCE HEALTH WI
METCALFE PARK COMMUNITY BRIDGES INC 3624 W NORTH AVE MILWAUKEE, WI 53208	81-2101846	501(c)(3)	11,492				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 CENTER FOR CHILDREN AND YOUTH INC 1908 N WARREN AVENUE MILWAUKEE, WI 53202	45-3068553	501(c)(3)	5,558				ADVANCE HEALTH WI
MILWAUKEE SCHOOL OF ENGINEERING 1025 N BROADWAY ST MILWAUKEE, WI 53202	39-0477970	501(c)(3)	161,148				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
MIND RESEARCH NETWORK THE 1101 YALE BLVD NE ALBUQUERQUE, NM 87106	85-0457562	501(c)(3)	24,582				RESEARCH SUBAWARD
MONTANA STATE UNIVERSITY PO BOX 172220 BOZEMAN, MT 59717	81-6010045	GOVT	20,535				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
NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY ST NE MINNEAPOLIS, MN 55413	84-0865803	501(c)(3)	8,245,676				RESEARCH SUBAWARD
NATIONWIDE CHILDRENS HOSPITAL INC 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-4379441	501(c)(3)	85,857				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
NORTHLAKES COMMUNITY CLINIC 7665 US HIGHWAY 2 IRON RIVER, WI 54847	35-2297925	501(c)(3)	133,957				ADVANCE HEALTH WI
NORTHSHORE UNIV HEALTHSYSTEM 1301 CENTRAL STREET EVANSTON, IL 60201	36-3738206	501(c)(3)	5,858				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
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(c)(3)	58,978				RESEARCH SUBAWARD
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PK RD PORTLAND, OR 97201	93-1176109	GOVT	52,394				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
RACINE COUNTY 730 WISCONSIN AVE RACINE, WI 53403	39-6005734	GOVT	203,806				ADVANCE HEALTH WI
RACINE KENOSHA COMMUNITY ACTION AGENCY 2113 N WISCONSIN ST RACINE, WI 53402	39-1087210	501(c)(3)	12,500				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
RESEARCH FNDN STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201	14-1368361	501(c)(3)	158,390				RESEARCH SUBAWARD
RESEARCH INST AT NATIONWIDE CHILDRENS HOSP 700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501(c)(3)	101,282				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
RUTGERS THE STATE UNIVERSITY 65 DAVIDSON ROAD PISCATAWAY, NJ 08854	22-6001086	GOVT	32,320				RESEARCH SUBAWARD
SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE RD INDIANAPOLIS, IN 46222	06-1645027	501(c)(3)	47,034				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
SOJOURNER FAMILY PEACE CENTER INC 619 W WALNUT STREET MILWAUKEE, WI 53212	39-1276210	501(c)(3)	161,373				ADVANCE HEALTH WI
SOUTHWESTRN WISCONSIN COMMUNITY ACTION PROG 149 N IOWA STREET DODGEVILLE, WI 53533	39-1053511	501(c)(3)	174,369				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)	236,989				RESEARCH SUBAWARD
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(c)(3)	60,624				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
THE J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(c)(3)	93,866				RESEARCH SUBAWARD
THOMAS JEFFERSON UNIVERSITY 601 WALNUT STREET PHILADELPHIA, PA 19106	23-1352651	501(c)(3)	62,623				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
TUFTS UNIVERSITY 169 HOLLAND STREET SUMERVILLE, MA 02144	04-2103634	501(c)(3)	255,557				RESEARCH SUBAWARD
UNEHEALTH 985075 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0771713	501(c)(3)	27,890				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
UNITED COMMUNITY CENTER 1028 S 9TH STREET MILWAUKEE, WI 53204	39-1146191	501(c)(3)	54,710				RES SUB/AHW
UNITED WAY PORTAGE COUNTY INC 1100 CENTERPOINT DR STEVENS POINT, WI 54481	39-0831152	501(c)(3)	29,989				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	108,227				RESEARCH SUBAWARD
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD TUCSON, AZ 85719	86-6004791	GOVT	47,842				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 BERKELEY 2195 HEARST AVE BERKELEY, CA 94720	94-6002123	GOVT	53,557				RESEARCH SUBAWARD
UNIVERSITY OF CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	GOVT	290,133				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 LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	95-6006143	GOVT	320,159				RESEARCH SUBAWARD
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	GOVT	15,092				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 FRANCISCO 1855 FOLSOM STREET 425 SAN FRAN, CA 94143	94-6036493	GOVT	482,078				RES SUB/MED EDUC
UNIVERSITY OF CHICAGO 6054 S DREXEL AVENUE CHICAGO, IL 60637	36-2177139	501(c)(3)	259,002				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 CINCINNATI 51 GOODMAN DRIVE CINCINNATI, OH 45221	31-6000989	GOVT	84,416				RESEARCH SUBAWARD
UNIVERSITY OF COLORADO 1800 N GRANT ST SUITE 400 DENVER, CO 80203	84-6000555	GOVT	48,793				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 FLORIDA PO BOX 113200 GAINESVILLE, FL 32611	59-6002052	GOVT	7,792				RESEARCH SUBAWARD
UNIVERSITY OF HOUSTON 4302 UNIV DRIVE ROOM 316 HOUSTON, TX 77204	74-6001399	GOVT	160,990				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 506 SOUTH WRIGHT STREET URBANA, IL 61801	37-6000511	GOVT	232,687				RESEARCH SUBAWARD
UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	GOVT	758,437				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 KENTUCKY RESEARCH FOUNDATION 301 PETERSON SERVICE BLDG LEXINGTON, KY 40506	61-6033693	501(c)(3)	60,045				RESEARCH SUBAWARD
UNIVERSITY OF MICHIGAN 1000 VICTORS WAY STE 1A ANN ARBOR, MI 48108	38-6006309	GOVT	132,621				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	69,708				RESEARCH SUBAWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 309 CHAPEL HILL, NC 27514	56-6001393	GOVT	176,031				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	7,968				RESEARCH SUBAWARD
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	178,948				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	423,048				RESEARCH SUBAWARD
UNIVERSITY OF ROCHESTER 1325 MT HOPE AVENUE ROCHESTER, NY 14620	16-0743209	501(c)(3)	187,016				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	115,857				RESEARCH SUBAWARD
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	GOVT	323,746				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	203,289				RESEARCH SUBAWARD
UNIV OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BOULEVARD DALLAS, TX 75390	75-6002868	GOVT	156,592				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	209,319				RESEARCH SUBAWARD
UNIVERSITY OF WASHINGTON 3903 BROOKLYN AVENUE SEATTLE, WA 98105	91-6001537	GOVT	119,689				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	188,382				RESEARCH SUBAWARD
UNIVERSITY OF WISCONSIN MADISON 21 N PARK ST SUITE 6401 MADISON, WI 53715	39-6006492	GOVT	1,746,709				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	473,416				RES SUB/AHW/EDUC
UNIVERSITY OF WISCONSIN OSHKOSH 800 ALGOMA BLVD OSHKOSH, WI 54901	39-1805963	GOVT	135,813				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)	229,703				TRANSFRM MED EDUC
VERSITI INC PO BOX 2178 MILWAUKEE, WI 53201	45-4675354	501(c)(3)	1,535,383				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
VIRGINIA POLYTECHNIC INST& STATE UNIVERSITY 300 TURNER ST STE 4200 BLACKSBURG, VA 24061	54-6001805	GOVT	518,210				RESEARCH SUBAWARD
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(c)(3)	72,361				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
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1034 ST LOUIS, MO 63112	43-0653611	501(c)(3)	133,516				RESEARCH SUBAWARD
WAYNE STATE UNIVERSITY 5700 CASS AVENUE DETROIT, MI 48202	38-6028429	GOVT	20,179				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL CORNELL MEDICINE 575 LEXINGTON AVE NEW YORK, NY 10022	13-1623978	501(c)(3)	5,281				RESEARCH SUBAWARD
WESLEY COMMUNITY CENTER INC 1300 S 10TH ST PHOENIX, AZ 85034	86-0133770	501(c)(3)	97,029				RESEARCH SUBAWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINNEBAGO COUNTY 112 OTTER AVE OSHKOSH, WI 54901	39-6005760	GOVT	183,116				ADVANCE HEALTH WI
WISCONSIN ASSN OF FREE & CHARITABLE CLINICS 4947 HICKORY COURT ELKHORN, WI 53121	47-2298281	501(c)(3)	77,399				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 HEALTH SERVICES 1 WEST WILSON STREET MADISON, WI 53707	39-6006469	GOVT	161,317				RESEARCH SUBAWARD
WISCONSIN DEPARTMENT OF JUSTICE PO BOX 7857 MADISON, WI 53707	39-6006427	GOVT	12,502				ADVANCE HEALTH WI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN EARLY CHILDHOOD ASSN 2908 MARKETPLACE DRIVE FITCHBURG, WI 53719	39-1345572	501(c)(3)	67,973				ADVANCE HEALTH WI
WISCONSIN EMS ASSOCIATION 26422 OAKRIDGE DRIVE WIND LAKE, WI 53185	82-3248684	501(c)(3)	139,548				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 LITERACY INC 211 S PATERSON ST STE 260 MADISON, WI 53703	39-1628898	501(c)(3)	113,034				ADVANCE HEALTH WI
WISCONSIN PHARMACY FOUNDATION INC 701 HEARTLAND TRAIL MADISON, WI 53717	39-0714490	501(c)(3)	73,990				ADVANCE HEALTH WI

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

RESEARCH TRAINEE STIPENDS	443	918,185			
RESEARCH TRAINEE STIPENDS	443	918,185			
STUDENT AWARDS	103	79,700			
MEDICAL STUDENT TRAVEL/HOUSING ALLOWANCE	60	98,847			
CARES ACT EMERGENCY GRANTS TO STUDENTS	131	41,160			
MEDICAL STUDENT SCHOLARSHIPS	412		4,296,497	BOOK	SCHOLARSHIPS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
GRADUATE SCHOOL SCHOLARSHIPS	279		6,759,781	BOOK	SCHOLARSHIPS
GRADUATE SCHOOL SCHOLARSHIPS	279		6,759,781	BOOK	SCHOLARSHIPS
PHARMACY SCHOOL SCHOLARSHIPS	8		28,500	BOOK	SCHOLARSHIPS

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization The Medical College of Wisconsin Inc		Employer identification number 39-0806261

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 idemnification 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 on 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 on 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 Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		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.

[illegible]

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 2019. MEMBERSHIPS ARE USED FOR MONTHLY BOARD AND COMMITTEE MEETINGS AND FOR OTHER BUSINESS MEETINGS. PERSONAL USE OF THE CLUBS BY THESE INDIVIDUALS IS REPORTED TO MCW AND IS TREATED AS A TAXABLE EVENT TO THE INDIVIDUAL. MCW PROVIDED DISCRETIONARY SPENDING ACCOUNTS TO SIX OFFICERS AND ONE OF ITS HIGHEST COMPENSATED EMPLOYEES. THE SPENDING ACCOUNTS ARE NOT PART OF AN ACCOUNTABLE PLAN AND ARE FULLY TAXABLE TO THESE INDIVIDUALS. SCHEDULE J, PART I, LINE 4A DURING CALENDAR YEAR 2019, SHERRI DUCHARME-WHITE RECEIVED A \$192,240 LUMP SUM PAYMENT CONTINGENT UPON HER VOLUNTARY RETIREMENT FROM MCW IN CONNECTION WITH AN EARLY RETIREMENT AGREEMENT UNDER WHICH SHE RETIRED ON 9/1/19. A SECOND INSTALLMENT WILL BE PAID OUT DURING CALENDAR YEAR 2020 AS PART OF THE AGREEMENT.
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 SPECIFIC 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. DURING CALENDAR YEAR 2019, PARTICIPANT CHRISTOPHER P. KOPS MET THE VESTING REQUIREMENT FOR PLAN YEAR ENDED 6/30/16 AND RECEIVED A LUMP SUM PAYMENT OF \$30,919 under the PLAN.
SCHEDULE J, PART I, LINE 6	THE PHYSICIANS' INCENTIVE PAYMENTS ARE BASED ON THE PROFITABILITY OF THEIR INDIVIDUAL PRACTICE GROUPS, NOT MCW AS A WHOLE. THE INDIVIDUAL PRACTICE GROUPS ARE CONTAINED IN EITHER MCW OR CHILDREN'S SPECIALTY GROUP, INC., A RELATED ORGANIZATION.
SCHEDULE J, PART I, LINE 7	SELECTED OFFICERS ARE ELIGIBLE FOR INCENTIVE COMPENSATION BASED ON QUANTIFIABLE METRICS APPROVED IN ADVANCE. A PORTION OF SUCH COMPENSATION IS SUBJECT TO THE DISCRETION OF THE NOMINATING AND GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES, OR DELEGATED BY THE NOMINATING AND GOVERNANCE COMMITTEE TO THE PRESIDENT, PROVOST & EXECUTIVE VP, OR EXECUTIVE VP-FINANCE & ADMINISTRATION.
SCHEDULE J, PART II	VINCENT P. MATHEWS, MD, IS COMPENSATED AS CHAIR AND PROFESSOR OF RADIOLOGY AND INTERIM CEO OF MEDICAL COLLEGE PHYSICIANS, 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				
1VIKTOR HRASKA MD CHIEF, PROF-PED CARDIAC SURG	(i)	1,801,483	0	22,502	22,400	19,507	1,865,892	0
	(ii)	0	0	0	0	0	0	0
1ABDEL ALQWASMI MD PHYSICIAN- HEMATOLOGY/MED ONCOL	(i)	924,877	552,637	450	22,400	25,904	1,526,268	0
	(ii)	0	0	0	0	0	0	0
2JOHN R RAYMOND SR MD TRUSTEE/PRESIDENT AND CEO	(i)	977,595	241,031	69,707	142,339	26,686	1,457,358	0
	(ii)	0	0	0	0	0	0	0
3SHEKAR N KURPAD MD CHAIR, PROF- NEUROSURGERY	(i)	1,260,327	119,414	18,522	22,400	10,742	1,431,405	0
	(ii)	0	0	0	0	0	0	0
4JOSEPH E KERSCHNERMD TRUSTEE/PROVOST& EXEC VP, DEAN	(i)	894,669	310,572	53,070	132,305	29,157	1,419,773	0
	(ii)	0	0	0	0	0	0	0
5MADHURI TRIVEDI MD PHYSICIAN- GASTROENTEROLOGY	(i)	861,198	451,760	21,150	22,400	19,392	1,375,900	0
	(ii)	0	0	0	0	0	0	0
6DOUGLAS B EVANS MD CHAIR, PROF-SURGERY	(i)	1,063,307	243,117	24,611	22,400	19,507	1,372,942	0
	(ii)	0	0	0	0	0	0	0
7VINCENT P MATHEWS MD TRUSTEE	(i)	723,956	87,528	22,747	22,400	22,173	878,804	0
	(ii)	0	0	0	0	0	0	0
8CHRISTOPHER P KOPS EXEC VP-FINANCE & ADMIN, COO	(i)	555,775	64,609	55,695	91,469	8,499	776,047	24,067
	(ii)	0	0	0	0	0	0	0
9ROY L SILVERSTEIN MD CHAIR, PROF-MEDICINE	(i)	612,790	57,104	25,585	22,400	20,517	738,396	0
	(ii)	0	0	0	0	0	0	0
10ROBERT LANE MD CHAIR, PROF-PEDIATRICS	(i)	551,613	65,294	20,668	22,400	29,973	689,948	0
	(ii)	0	0	0	0	0	0	0
11CHERYL MAURANA PHD SR VP-ACADEMIC PARTNERSHIPS	(i)	451,303	69,196	13,495	77,524	26,334	637,852	0
	(ii)	0	0	0	0	0	0	0
12JOHN T NEWSOME ESQ SR VP-GENERAL COUNSEL/ASST SEC	(i)	444,134	72,086	14,561	22,400	29,907	583,088	0
	(ii)	0	0	0	0	0	0	0
13GREGORY M WESLEY SR VP-STRAT ALLIANCES/BUS DEV	(i)	407,407	66,086	29,623	73,563	4,851	581,530	0
	(ii)	0	0	0	0	0	0	0
14KURT L JANAVITZ SR VP-HEALTHCARE PARTNERSHIPS	(i)	412,770	66,151	9,935	72,800	12,788	574,444	0
	(ii)	0	0	0	0	0	0	0
15 SHERRI DUCHARME-WHITE VP-HR TO 8/31/19	(i)	258,872	40,237	194,882	22,400	30,504	546,895	0
	(ii)	0	0	0	0	0	0	0
16BARCLAY FERGUSON CHIEF FINANCIAL OFFICER	(i)	387,567	61,500	21,054	22,400	10,502	503,023	0
	(ii)	0	0	0	0	0	0	0
17MARA LORD SEE SCHEDULE O FOR TITLE	(i)	340,269	79,428	9,331	37,600	27,680	494,308	0
	(ii)	0	0	0	0	0	0	0
18DAVID HOTCHKISS VP-INFORMATION SERVICES, CIO	(i)	325,971	47,737	5,675	22,400	31,670	433,453	0
	(ii)	0	0	0	0	0	0	0
19 GEORGE MACKINNON III PHD DEAN, PHARMACY SCHOOL	(i)	297,362	36,167	28,115	22,400	28,507	412,551	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				
2 DANIEL WICKEHAM VP-CORP COMPLIANCE & RISK MGT	(i)	242,859	41,126	11,566	22,400	27,713	345,664	0
	(ii)	0	0	0	0	0	0	0
1 KATHRYN KUHN VP-GOVT & COMMUNITY RELATIONS	(i)	237,991	40,444	14,270	22,400	27,528	342,633	0
	(ii)	0	0	0	0	0	0	0
2 C GREER JORDAN PHD CHIEF DIVERSITY OFFICER	(i)	222,089	35,826	1,421	21,357	30,232	310,925	0
	(ii)	0	0	0	0	0	0	0
3 JEFFREY BORNEMANN VP-FACILITIES & OPERATIONS	(i)	220,001	34,875	8,242	20,859	26,285	310,262	0
	(ii)	0	0	0	0	0	0	0
4 KIMARA ELLEFSON INTERIM VP-HR FM 12/1/19	(i)	201,938	25,546	9,874	19,278	21,472	278,108	0
	(ii)	0	0	0	0	0	0	0
5 RAVINDRA P MISRA PHD DEAN, GRADUATE SCHOOL	(i)	186,445	300	3,141	15,231	11,989	217,106	0
	(ii)	0	0	0	0	0	0	0
6 MITCHELL BECKMAN VP-DEVELOPMENT/CDO FM 9/16/19	(i)	64,683	100,000	267	2,100	5,060	172,110	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)

Department of the Treasury
Internal Revenue Service

Name of the organization

The Medical College of Wisconsin Inc

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

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	77,790,000		0		25,945,000		8,650,000	
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	784,852		0		268		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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 %		0.841 %		0 %		0.773 %	
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			0.841 %				0.773 %	
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. COLUMN D - A REBATE COMPUTATION WAS PERFORMED ON 1/23/2020. SCHEDULE K, PART IV, LINE 2C, GROUP 2 COLUMN A - A REBATE COMPUTATION WAS PERFORMED ON 1/24/2020.

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Medical College of Wisconsin Inc

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	1,090,000		8,980,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	13,930,000		178,028,867		55,860,316			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		6,349,729		1,190,643			
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		46,339,891			
11	Other spent proceeds	13,751,623		69,563,760		0			
12	Other unspent proceeds	0		0		8,052,775			
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 %		0.266 %		0.013 %			
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			0.266 %		0.013 %			
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)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
The Medical College of Wisconsin Inc

Employer identification number
39-0806261

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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	181,298	ASST PROFESSOR-PHARMACY		No
(2) ARIA JORDAN	DAUGHTER OF OFFICER	14,545	RESEARCH SUPPORT STAFF		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

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

2019

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		2,500	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	48	3,185,235	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 ► (<u>Medical Equip</u> for <u>Training</u>)	X	2	4,700	Cost/ Selling price
26 Other ► (<u>Sports Tickets</u>)	X	7	2,640	Cost/ Selling price
27 Other ► (<u>Face Masks</u>)	X	4	2,250	Cost/ Selling price
28 Other ► (_____)				

29

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

29

0

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 isn't required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

32a

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

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

The Medical College of Wisconsin Inc

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

2019

Open to Public Inspection

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 29,000 physicians and 14,000 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 three 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. MCW faculty conducted approximately 2,800 research studies, including clinical trials, and reported 48 new discoveries and inventions to MCW's Office of Technology Development. The portfolio includes 344 technologies covered by more than 475 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 2020, the estimated direct and indirect costs incurred by MCW to provide services under MCW's community care policy were \$2.4 million. MCW physicians and practitioners see patients at three major affiliate locations - Froedtert & MCW regional health network facilities in partnership with Froedtert Health, Children's 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 and staff are engaged in more than 2,000 community outreach activities, involving more than 650 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	1) PHILIP B. FLYNN, CORY L. NETTLES, AND JAY B. WILLIAMS, TRUSTEES - BUSINESS RELATIONSHIP 2) CORY L. NETTLES AND MARY ELLEN STANEK, TRUSTEES - BUSINESS RELATIONSHIP 3) JOHN M. GRO GAN, MARY ELLEN STANEK, AND DAVID LUBAR, TRUSTEES - BUSINESS RELATIONSHIP 4) THOMAS L. SPE RO AND JAY B. WILLIAMS, TRUSTEES - BUSINESS RELATIONSHIP 5) TED D. KELLNER, TRUSTEE AND GR EGORY M. WESLEY, OFFICER - 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 MAJORITY VOTE OF THE TRUSTEES THEN IN OFFICE.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	<p>VINCENT P. MATHEWS, MD, is compensated as Chair and Professor of RADIOLOGY AND INTERIM CEO OF MEDICAL COLLEGE PHYSICIANS, not for his role as trustee. THE TITLE FOR MARA LORD WAS V P FOR COMMUNICATIONS, EXPERIENCE AND BRAND STRATEGY AND INTERIM CHIEF DEVELOPMENT OFFICER (CDO) UNTIL 9/1/19 WHEN SHE WAS NAMED SENIOR VP, UNIVERSITY ENGAGEMENT AND STRATEGIC PLANNING. VIKTOR HRASKA, MD, AND JOSEPH KERSCHNER, 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED LOSS ON INTEREST RATE SWAP: (\$5,575,948) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: (\$5,064) INTERCOMPANY TRANSFER: (\$751,501) TOTAL: (\$6,332,513)

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

2019

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	-1,262,135	1,434,112		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	524,527	11,538,209		No	0	Yes		50.000 %
(4) Froedtert & MCW ACO LLC 8710 Watertown Plank Rd Milwaukee, WI 53226 83-3159534	Health Care	WI	NA	RELATED	485	264,581		No	0	Yes		50.000 %
(5) Froedtert & MCW Network LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 81-4382585	Health Care	WI	NA	RELATED	3,268,425	6,524,210		No	0	Yes		50.000 %
(6) Froedtert Surgery Center LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 20-1499345	Surgery Center	WI	Froed Hlth ASC	Related	584,158	7,745,754		No	0	Yes		49.000 %
(7) MRMC Land Bank LLC 8701 Watertown Plank Rd Milwaukee, WI 53226 85-0519151	Real Estate	WI	NA	Related	0	0		No	0	Yes		33.333 %

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	1,277,929	18,690,687	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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

No

No

Yes

No

No

No

No

No

No

Yes

Yes

Yes

No

Yes

Yes

Yes

Yes

Yes

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	3,814,961	CASH BASIS
(2)MCW Prof Liability Insurance Program	R	751,501	CASH BASIS

Schedule R (Form 990) 2019

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

Additional Data

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
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 %
Drexel Town Sq Surg Center LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 81-4904300	Surgery Center	WI	Froedtert Hlth	RELATED	-1,262,135	1,434,112		No	0	Yes		49.000 %
FMLH MCW Real Estate Ventures LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 26-0629591	Real Estate	WI	NA	RELATED	524,527	11,538,209		No	0	Yes		50.000 %
Froedtert & MCW ACO LLC 8710 Watertown Plank Rd Milwaukee, WI 53226 83-3159534	Health Care	WI	NA	RELATED	485	264,581		No	0	Yes		50.000 %
Froedtert & MCW Network LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 81-4382585	Health Care	WI	NA	RELATED	3,268,425	6,524,210		No	0	Yes		50.000 %
Froedtert Surgery Center LLC 9200 W Wisconsin Avenue Milwaukee, WI 53226 20-1499345	Surgery Center	WI	Froed Hlth ASC	Related	584,158	7,745,754		No	0	Yes		49.000 %
MRMC Land Bank LLC 8701 Watertown Plank Rd Milwaukee, WI 53226 85-0519151	Real Estate	WI	NA	Related	0	0		No	0	Yes		33.333 %