

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018
B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1997 MS 900
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 532011997

D Employer identification number 39-1500075
E Telephone number (414) 266-5420
G Gross receipts \$ 473,345,087

F Name and address of principal officer MEG BRZYSKI NELSON PO BOX 1997 MS 900 MILWAUKEE, WI 532011997

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

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

J Website: WWW CHW ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1984

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities SECURE FINANCIAL SUPPORT FOR CHILDREN'S HOSPITAL AND HEALTH SYSTEM AND ITS TAX EXEMPT AFFILIATES

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here \*\*\*\*\* Signature of officer 2019-11-13 Date
MARC A CADIEUX TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date 2019-11-07 Check if self-employed PTIN P00034913
Firm's name SIKICH LLP Firm's EIN 36-3168081
Firm's address 13400 BISHOPS LANE SUITE 300 Brookfield, WI 53005 Phone no (262) 754-9400

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION, INC IS A 501(C)(3) ORGANIZATION THAT EXISTS TO FUNDRAISE FOR CHILDREN'S HOSPITAL AND HEALTH SYSTEM, INC AND ITS NOT-FOR-PROFIT AFFILIATES INCLUDING CHILDREN'S HOSPITAL OF WISCONSIN, INC , CHILDREN'S MEDICAL GROUP, INC , AND CHILDREN'S SERVICE SOCIETY OF WISCONSIN

**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 \$ 3,763,235 including grants of \$ 3,763,235 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 7,015,014 including grants of \$ 7,015,014 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 4,807,945 including grants of \$ 4,807,945 ) (Revenue \$ )  
See Additional Data

(Code ) (Expenses \$ 1,705,232 including grants of \$ 1,441,776 ) (Revenue \$ )  
PHILANTHROPIC SUPPORT RECEIVED BY THE FOUNDATION SUPPORTS CAPITAL EXPENDITURES SUCH AS FACILITIES EXPANSION, RENOVATION AND EQUIPMENT

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 1,705,232 including grants of \$ 1,441,776 ) (Revenue \$ )

**4e Total program service expenses** ▶ 17,291,426

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

|  |  |            |    |     |    |
|--|--|------------|----|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  |  | <b>2a</b>  | 49 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                    |  | <b>2b</b>  |    | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |  | <b>3a</b>  |    | Yes |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>  |  | <b>3b</b>  |    | Yes |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |  | <b>4a</b>  |    |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |  |            |    |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |  | <b>5a</b>  |    |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |  | <b>5b</b>  |    |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |  | <b>5c</b>  |    |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    |  | <b>6a</b>  |    |     | No |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   |  | <b>6b</b>  |    |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |  |            |    |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   |  | <b>7a</b>  |    | Yes |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   |  | <b>7b</b>  |    | Yes |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |  | <b>7c</b>  |    |     | No |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   |  | <b>7d</b>  |    |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |  | <b>7e</b>  |    |     | No |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  |  | <b>7f</b>  |    |     | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  |  | <b>7g</b>  |    |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  |  | <b>7h</b>  |    |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |  | <b>8</b>   |    |     |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |  | <b>9a</b>  |    |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   |  | <b>9b</b>  |    |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter   |  |            |    |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  |  | <b>10a</b> |    |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |  | <b>10b</b> |    |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter  |  |            |    |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .   |  | <b>11a</b> |    |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .  |  | <b>11b</b> |    |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  | <b>12a</b> |    |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |  | <b>12b</b> |    |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |            |    |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |  | <b>13a</b> |    |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   |  | <b>13b</b> |    |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .  |  | <b>13c</b> |    |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  |  | <b>14a</b> |    |     | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>  |  | <b>14b</b> |    |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .                       |  | <b>15</b>  |    |     | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .   |  | <b>16</b>  |    |     | No |

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (33); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (WI, FL); 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 (checked), 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 (MS SARAH KAFKA PO BOX 1997 MS 900 MILWAUKEE, WI 532011997 (414) 266-1887).







Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, and 1g Noncash contributions.

Table for Program Service Revenue with columns for Business Code and rows 2a through 2f, including a 9Total row.

Main revenue table with 5 main columns (A-D) and rows 3 through 12. Includes sections for Investment income, Rental income (6a-d), Gain or loss from sales (7a-d), Fundraising events (8a-c), Gaming activities (9a-c), and Sales of inventory (10a-c). Ends with 11a-11d Miscellaneous Revenue and 12 Total revenue.

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 17,027,970            | 17,027,970                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 322,676               |                                 | 322,676                                |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages.  | 3,232,439             |                                 | 487,725                                | 2,744,714                   |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  | 152,995               |                                 | 15,412                                 | 137,583                     |
| <b>9</b> Other employee benefits.   | 450,008               |                                 | 98,107                                 | 351,901                     |
| <b>10</b> Payroll taxes.  | 243,945               |                                 | 51,713                                 | 192,232                     |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management.  | 799,000               |                                 | 799,000                                |                             |
| <b>b</b> Legal.   | 1,061                 |                                 |  | 1,061                       |
| <b>c</b> Accounting.  |                       |                                 |  |                             |
| <b>d</b> Lobbying.  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 140,111               |                                 |  | 140,111                     |
| <b>f</b> Investment management fees.  | 1,752,846             |                                 | 1,752,846                              |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 818,473               |                                 | 25,055                                 | 793,418                     |
| <b>12</b> Advertising and promotion.  | 29,019                |                                 |  | 29,019                      |
| <b>13</b> Office expenses.  |                       |                                 |  |                             |
| <b>14</b> Information technology.   | 280,685               |                                 | 280,685                                |                             |
| <b>15</b> Royalties.  |                       |                                 |  |                             |
| <b>16</b> Occupancy.  | 32,998                |                                 | 32,998                                 |                             |
| <b>17</b> Travel.   | 65,999                |                                 | 5,992                                  | 60,007                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 8,204                 |                                 | 1,919                                  | 6,285                       |
| <b>20</b> Interest.   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates.   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 67,595                |                                 | 67,595                                 |                             |
| <b>23</b> Insurance.  |                       |                                 |  |                             |
| <b>24</b> 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):                                       |                       |                                 |  |                             |
| <b>a</b> OTHER EXPENSES   | 896,108               | 263,456                         | 164,848                                | 467,804                     |
| <b>b</b>  |                       |                                 |  |                             |
| <b>c</b>  |                       |                                 |  |                             |
| <b>d</b>  |                       |                                 |  |                             |
| <b>e</b> All other expenses.  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 26,322,132            | 17,291,426                      | 4,106,571                              | 4,924,135                   |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 3,360,284                | <b>1</b>    | 1,881,933          |
|   | <b>2</b> Savings and temporary cash investments . . . . .   |                          | <b>2</b>    |                    |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 132,030                  | <b>3</b>    | 66,087             |
|   | <b>4</b> Accounts receivable, net . . . . .   |                          | <b>4</b>    |                    |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 322,615                  | <b>9</b>    | 348,909            |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 935,665       |             |                    |
|   | <b>b</b> Less accumulated depreciation  | <b>10b</b> 237,983       | 725,533     | <b>10c</b> 697,682 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 590,836,911              | <b>11</b>   | 584,730,509        |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 240,737,775              | <b>15</b>   | 228,184,747        |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 836,115,148   | <b>16</b>                | 815,909,867 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 1,761,122                | <b>17</b>   | 1,459,214          |
|   | <b>18</b> Grants payable . . . . .  |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue . . . . .  |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>   |                    |
|   | <b>25</b> 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 . . . . .  | 33,719,256               | <b>25</b>   | 32,368,765         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 35,480,378               | <b>26</b>   | 33,827,979         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets   | 559,904,107              | <b>27</b>   | 553,910,284        |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 57,038,878               | <b>28</b>   | 53,638,135         |
|   | <b>29</b> Permanently restricted net assets   | 183,691,785              | <b>29</b>   | 174,533,469        |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 800,634,770   | <b>33</b>                | 782,081,888 |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 836,115,148   | <b>34</b>                | 815,909,867 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 80,819,851  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 26,322,132  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 54,497,719  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 800,634,770 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -98,932,196 |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 25,881,595  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 782,081,888 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1500075

**Name:** CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

IN COLLABORATION WITH CHILDREN'S HOSPITAL OF WISCONSIN, INC ("CHW OR "THE HOSPITAL") AND ITS AFFILIATES, CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION, INC ("CHWF OR "THE FOUNDATION") RAISES FUNDS TO SUPPORT FREE OR BELOW-COST COMMUNITY PROGRAMS SUCH AS HEALTH EDUCATION, CHILD ABUSE PREVENTION, PARENTING EDUCATION AND INJURY PREVENTION PROGRAMS FUNDING ALSO SUPPORTS SCHOOL BASED HEALTH CENTERS IN MILWAUKEE SCHOOLS, PRIMARY CARE CLINICS IN UNDERSERVED AREAS, AND SUPPORTS SOCIAL SERVICES PROVIDED TO WISCONSIN CHILDREN AND FAMILIES BY CHILDREN'S SERVICE SOCIETY OF WISCONSIN

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**Form 990, Part III, Line 4b:**

THE FOUNDATION PROVIDES RESOURCES ESSENTIAL TO SUPPORT THE OPERATIONS OF CHW

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**Form 990, Part III, Line 4c:**

IN COLLABORATION WITH CHW AND ITS AFFILIATES, THE FOUNDATION RAISES FUNDS TO SUPPORT INNOVATIVE NEW BIOMEDICAL, CLINICAL AND TRANSLATIONAL RESEARCH

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JASON ALLEN<br>.....<br>DIRECTOR                         | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| THOMAS E ARENBERG<br>.....<br>DIRECTOR                   | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RICK BOELTER<br>.....<br>DIRECTOR (THROUGH JANUARY 2018) | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BETSY BRENNER<br>.....<br>DIRECTOR                       | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAN BUEHRLE<br>.....<br>DIRECTOR                         | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GARTH CHAMBERS<br>.....<br>DIRECTOR                      | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KELLY J CLEARY-REBOLZ<br>.....<br>DIRECTOR               | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BARRI DRURY<br>.....<br>DIRECTOR                         | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KRISTY ELMORE<br>.....<br>DIRECTOR                       | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RAQUEL FILMANOWICZ<br>.....<br>DIRECTOR                  | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| RICHARD FLORSHEIM<br>.....<br>DIRECTOR            | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KELLY GREBE<br>.....<br>DIRECTOR                  | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JACQUELINE HERD-BARBER<br>.....<br>DIRECTOR       | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARY M HOSMER<br>.....<br>DIRECTOR                | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHRISTOPHER KALTENBACH<br>.....<br>DIRECTOR/CHAIR | 1 00<br>.....<br>0 00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| TED D KELLNER<br>.....<br>DIRECTOR                | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BERNARD S KUBALE<br>.....<br>DIRECTOR             | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVE LUCZAK<br>.....<br>DIRECTOR                  | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KARIM J MACLEOD<br>.....<br>DIRECTOR              | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVE MARGOLIS MD<br>.....<br>DIRECTOR             | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JARED MASTERS<br>.....<br>DIRECTOR                     | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN MILLER<br>.....<br>DIRECTOR                       | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN M NOEL<br>.....<br>DIRECTOR                       | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| UGO NWAGBARAOCHA<br>.....<br>DIRECTOR                  | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JIM OSTROM<br>.....<br>DIRECTOR                        | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GREG W RENZ<br>.....<br>DIRECTOR                       | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN S SHIELY<br>.....<br>DIRECTOR (THROUGH JUNE 2018) | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| THELMA A SIAS<br>.....<br>DIRECTOR                     | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARY ELLEN B STANEK<br>.....<br>DIRECTOR               | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LES J WEIL<br>.....<br>DIRECTOR                        | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DAVID WERNER<br>.....<br>DIRECTOR/VICE CHAIR                    | 1 00<br>.....<br>0 00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| TEDDY WERNER<br>.....<br>DIRECTOR                               | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARK WITT<br>.....<br>DIRECTOR                                  | 1 00<br>.....<br>0 00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARGARET NELSON<br>.....<br>DIRECTOR/CDO & PRESIDENT FOUNDATION | 40 00<br>.....<br>0 00   | X   |                       | X       |              |                              |        | 0   | 451,481  | 85,028  |
| MARGARET TROY<br>.....<br>DIRECTOR/CHHS PRESIDENT               | 0 00<br>.....<br>40 00   | X   |                       |         |              |                              |        | 0   | 1,403,347  | 268,172   |
| MARC CADIEUX<br>.....<br>TREASURER                              | 0 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 681,683  | 97,744  |
| MICHELLE METTNER<br>.....<br>SECRETARY                          | 0 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 483,804  | 88,632  |
| JEFF STEWART<br>.....<br>COO FOUNDATION                         | 40 00<br>.....<br>0 00   |   |                       |         | X            |                              |        | 271,555   | 0  | 51,122  |
| CHRISTINE BARANOUCKY<br>.....<br>VP ENGAGEMENT & STEWARDSHIP    | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 204,307   | 0  | 19,265  |
| MARYANNE KESSEL<br>.....<br>EXECUTIVE DEVELOPMENT DIR, HHI      | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 248,545   | 0  | 53,728  |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JAY RABIDEAUX<br>.....<br>VP DEVELOPMENT            | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 239,548   | 0  | 39,887  |
| KELLY SACHSE<br>.....<br>SENIOR DIR, PLANNED GIVING | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 172,136   | 0  | 38,678  |
| MARTIN VOGEL<br>.....<br>VP PRINCIPAL GIFTS         | 40 00<br>.....<br>0 00   |   |                       |         |              | X                            |        | 154,677   | 0  | 7,174   |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

**Employer identification number**

39-1500075

**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 |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  | 28,116,969 | 21,254,146 | 20,709,458 | 29,167,543 | 23,637,591 | 122,885,707 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3  | 28,116,969 | 21,254,146 | 20,709,458 | 29,167,543 | 23,637,591 | 122,885,707 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |            |            |            |            | 6,294,323   |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 116,591,384 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4  | 28,116,969 | 21,254,146 | 20,709,458 | 29,167,543 | 23,637,591 | 122,885,707 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 12,112,437 | 13,146,821 | 13,766,915 | 13,416,269 | 15,838,741 | 68,281,183  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |            |            |            |            |            |             |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |            |            |            |            |            |             |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 191,166,890 |

**12** Gross receipts from related activities, etc (see instructions) **12** 2,320,947

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

**Section C. Computation of Public Support Percentage**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 60.990 % |
| <b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14                        | <b>15</b> | 63.620 % |

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b>   | 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 |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on    |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | 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>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | 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 |
|----------|--|-----|----|
| <b>1</b> | 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> |     |    |
| <b>2</b> | 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 |
|----------|---|-----|----|
| <b>1</b> | 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 |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | 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>  |     |    |
| <b>3</b> | 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**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |     |    |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</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>  |     |    |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |     |    |
| <b>a</b> | 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>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | 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) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <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)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1500075

**Name:** CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

**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**

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC

**Employer identification number**  
39-1500075

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|   | Held at the End of the Year |  |
|---|-----------------------------|--|
| <b>a</b> Total number of conservation easements   | <b>2a</b>                   |  |
| <b>b</b> Total acreage restricted by conservation easements   | <b>2b</b>                   |  |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   | <b>2c</b>                   |  |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |  |

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

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 642,119,355      | 462,655,398    | 436,220,272        | 444,949,513          | 383,436,027         |
| <b>b</b> Contributions . . . . .                                  | 41,526,559       | 131,211,131    | 39,117,093         | 14,759,398           | 72,138,704          |
| <b>c</b> Net investment earnings, gains, and losses               | -28,325,485      | 69,065,559     | 11,368,135         | -2,123,993           | 9,159,320           |
| <b>d</b> Grants or scholarships . . . . .                         | 17,027,970       | 19,121,641     | 22,396,845         | 19,815,670           | 18,334,470          |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 1,704,410        | 1,691,092      | 1,653,257          | 1,548,976            | 1,450,068           |
| <b>g</b> End of year balance . . . . .                            | 636,588,049      | 642,119,355    | 462,655,398        | 436,220,272          | 444,949,513         |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 64 200 %
  - b** Permanent endowment ▶ 27 400 %
  - c** Temporarily restricted endowment ▶ 8 400 %
- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   | No         | No        |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  | No         | No        |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>  |           |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      | 602,693                         | 139,279                      | 463,414        |
| <b>c</b> Leasehold improvements  |                                      | 4,702                           | 4,049                        | 653            |
| <b>d</b> Equipment . . . . .   |                                      | 328,270                         | 94,655                       | 233,615        |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 697,682        |

**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<br>(including name of security)  | (b)<br>Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives . . . . .                                      |                      |   |
| (2) Closely-held equity interests . . . . .                              |                      |   |
| (3) Other _____  |                      |   |
| (A)  |                      |   |
| (B)  |                      |   |
| (C)  |                      |   |
| (D)  |                      |   |
| (E)  |                      |   |
| (F)  |                      |   |
| (G)  |                      |   |
| (H)  |                      |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) |                      |   |

**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<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (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) INVESTMENTS, PLEDGES, TRUSTS, & BEQUESTS DESIGNATED FOR RESTRICTED PURPOSES | 228,171,604    |
| (2) 457 PLAN ASSETS   | 13,143         |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)        | 228,184,747    |

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| PAYABLE TO AFFILIATES  | 32,355,622     |
| 457 PLAN LIABILITY   | 13,143         |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) | 32,368,765     |

**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.

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

**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.

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

**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 |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |





## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1500075

**Name:** CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART V, LINE 4   | CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION HOLDS ENDOWMENT FUNDS ON BEHALF OF CHILDREN'S HOSPITAL OF WISCONSIN AND RELATED ENTITIES INTENDED USES OF THE FUNDS INCLUDE VARIOUS HEALTH-RELATED SERVICES, EDUCATION, CAPITAL PROJECTS, RESEARCH, AND SOCIAL SERVICES TO CHILDREN AND FAMILIES |

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | FOOTNOTE 2 INCOME TAXES CHHS EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS, AND THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017 |

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

**Employer identification number**  
39-1500075

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data                                    |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3a</b> Sub-total                               | 0                                   | 0  |   |  | 2,887,480  |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |   |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)             | 0                                   | 0  |   |  | 2,887,480  |

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

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

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



**Part 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





## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1500075

**Name:** CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION 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 |                                     |   | INVESTMENT   |  | 2,467,482                         |
| MIDDLE EAST AND NORTH AFRICA      |                                     |   | INVESTMENT   |  | 419,998                           |

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

**Employer identification number**  
39-1500075

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

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

| (i) Name and address of individual or entity (fundraiser)        | (ii) Activity   | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---|--|----|-----------------------------------|--|---|
|  |   | Yes  | No |                                   |  |   |
| BENTZ WHALEY FLESSNER<br>7251 OHMS LANE<br>MINNEAPOLIS, MN 55439 | CONSULTING,<br>FEASIBILITY<br>STUDY,<br>PHILANTHROPIC<br>BENCHMARKING |  | No | 0                                 | 140,111  | -140,111  |
|  |   |  |    |                                   |  |   |
|  |   |  |    |                                   |  |   |
|  |   |  |    |                                   |  |   |
|  |   |  |    |                                   |  |   |
|  |   |  |    |                                   |  |   |
|  |   |  |    |                                   |  |   |
|  |   |  |    |                                   |  |   |
|  |   |  |    |                                   |  |   |
| <b>Total</b>   |   |  |    |                                   | 140,111  | -140,111  |

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

WI, FL, AZ

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

| Revenue         |   | (a) Event #1   | (b) Event #2                            | (c) Other events           | (d)   |
|-----------------|---|--|---|----------------------------|---|
|                 |   | <b>AL'S RUN AND WALK</b><br>(event type)                               | <b>MIRACLE MARATHON</b><br>(event type) | <b>8</b><br>(total number) | Total events<br>(add col (a) through col (c)) |
| <b>1</b>        | Gross receipts . . . . .  | 916,611  | 1,119,129                               | 1,204,849                  | 3,240,589                                     |
| <b>2</b>        | Less Contributions . . . . .  | 723,010  | 1,077,328                               | 1,086,333                  | 2,886,671                                     |
| <b>3</b>        | Gross income (line 1 minus line 2) . . . . .                            | 193,601  | 41,801                                  | 118,516                    | 353,918                                       |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  |  |   |                            |   |
|                 | <b>5</b> Noncash prizes . . . . .                                       | 5,475  | 4,338                                   | 63,474                     | 73,287  |
|                 | <b>6</b> Rent/facility costs . . . . .                                  |  |   |                            |   |
|                 | <b>7</b> Food and beverages . . . . .                                   |  | 3,972                                   | 44,509                     | 48,481  |
|                 | <b>8</b> Entertainment . . . . .  |  |   | 14,438                     | 14,438  |
|                 | <b>9</b> Other direct expenses . . . . .                                | 338,247  | 157,069                                 | 355,259                    | 850,575                                       |
|                 | <b>10</b>   | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |   |                            |   |
| <b>11</b>       | Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |  |   |                            | -632,863                                      |

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

| Revenue         |   | (a) Bingo                 | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col (a) through col (c))                      |
|-----------------|---|---------------------------|---|---|---|
|                 |   | <b>1</b>                  | Gross revenue . . . . .   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |                           |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .   |                           |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .  |                           |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .                                      |                           |   |   |   |
|                 | <b>6</b>  | Volunteer labor . . . . . | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| <b>7</b>        | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |                           |   |   |   |
| <b>8</b>        | 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
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 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  |
|---|--|
| SCHEDULE G, PART I, LINE 2B, COLUMN III, CUSTODY/CONTROL OF CONTRIBUTIONS | BENTZ WHALEY FLESSNER DOES NOT ACCEPT OR PROCESS DONATIONS ON BEHALF OF CHF ALL CONTRIBUTIONS ARE DIRECTED TO AND RECEIVED BY CHF DURING 2018, THE ORGANIZATION PAID BENTZ WHALEY FLESSNER \$140,111 FOR SERVICES  |
| SCHEDULE G, PART I, LINE 2B, COLUMN IV, GROSS RECEIPTS                    | BENTZ WHALEY FLESSNER PROVIDED CONSULTING FOR PHILANTHROPIC BENCHMARKING AND FEASIBILITY TO CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION, INC THE ORGANIZATION DOES NOT ANTICIPATE RECEIVING ANY GROSS RECEIPTS FOR ACTIVITY DUE TO THE NATURE OF CONSULTING BENTZ WHALEY FLESSNER WAS INCLUDED ON SCHEDULE G DUE TO DEFINITION OF FUNDRAISING ACTIVITIES IN INSTRUCTIONS |

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization CHILDREN'S HOSPITAL OF WISCONSIN FOUNDATION INC

Employer identification number 39-1500075

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 0

**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)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

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

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2   | CHWF AWARDS GRANTS TO ITS TAX-EXEMPT AFFILIATES GRANTS ARE AWARDED BASED ON THE STRATEGIC INITIATIVES OF THE HEALTH SYSTEM, THE NEEDS OF THE AFFILIATES, AND ANY PURPOSE RESTRICTIONS SET BY THE DONORS THE NEEDS OF THE AFFILIATES ARE EVALUATED IN THE ANNUAL BUDGET PROCESS FINAL BUDGETS REQUIRE APPROVAL FROM MANAGEMENT, THE ENTITY'S BOARD OF DIRECTORS AND THE CHHS BOARD OF DIRECTORS AND SENIOR MANAGEMENT IN ADDITION, THE OPERATIONS OF ALL AFFILIATES ARE SUBJECT TO SYSTEM CONTROLS, POLICIES AND PROCEDURES, AND ARE REFLECTED IN THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF CHHS AND ITS AFFILIATES |

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 39-1500075  
**Name:** CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S HOSPITAL OF WISCONSIN INC<br>PO BOX 1997 MS 900<br>MILWAUKEE, WI 532011997      | 39-0812532     | 501(C)(3)                            | 8,399,090                       |  |  |   | OPERATIONS & CAPITAL SUPPORT  |
| CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC<br>PO BOX 1997 MS 900<br>MILWAUKEE, WI 532011997 | 39-1500074     | 501(C)(3)                            | 6,567,885                       |  |  |   | MEDICAL RESEARCH, CHILD ABUSE PREVENTION, HEALTH EDUCATION, SCHOOL BASED CLINICS, COMMUNITY SERVICE & CAPITAL SUPPORT |

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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S SERVICE SOCIETY OF WISCONSIN<br>PO BOX 1997 MS 900<br>MILWAUKEE, WI 532011997 | 39-0806380     | 501(C)(3)                            | 1,238,805                       |  |  |   | CHILD WELLBEING SERVICES                  |
| CHILDREN'S MEDICAL GROUP INC<br>PO BOX 1997 MS 900<br>MILWAUKEE, WI 532011997            | 39-1789197     | 501(C)(3)                            | 822,190                         |  |  |   | COMMUNITY-BASED PRIMARY CARE CLINICS      |



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

**Employer identification number**  
39-1500075

**Part I Questions Regarding Compensation**

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



**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   |
|------------------|---|
| PART I, LINE 3   | THE FOUNDATION RELIED UPON CHILDREN'S HOSPITAL AND HEALTH SYSTEM, INC ("CHHS"), THE CORPORATE MEMBER OF THE FOUNDATION, TO ESTABLISH THE COMPENSATION OF THE FOUNDATION'S PRESIDENT. CHHS USED ITS INDEPENDENT COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, THE FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS, AND APPROVAL BY THE COMPENSATION COMMITTEE TO DETERMINE THE COMPENSATION. |

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| PART I, LINE 4B         | IN 2018, THERE WAS A CHHS FLEXIBLE BENEFIT PLAN IN PLACE WHICH WAS A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457(F)) THE ORGANIZATION CONTRIBUTES 10% OF EACH PARTICIPATING EXECUTIVE'S SALARY THE AMOUNTS OF EMPLOYER CONTRIBUTIONS TO THIS PLAN FOR PARTICIPATING EXECUTIVES IN 2018 WERE AS FOLLOWS M BRZYSKI NELSON, \$36,960, M CADIEUX, \$51,198, AND M METTNER, \$41,500 AFTER A VESTING PERIOD, PARTICIPANTS MAY ELECT TO WITHDRAW AMOUNTS PREVIOUSLY CONTRIBUTED AND REPORTED AMOUNTS WITHDRAWN BY PARTICIPANTS IN 2018 WERE M VOGEL, \$7,902 CHHS HAS REPORTED ADDITIONAL AMOUNTS SET ASIDE FOR A NONQUALIFIED RETIREMENT PLAN ON BEHALF OF ITS PRESIDENT & CEO THE AMOUNT SET ASIDE IN 2018 WAS \$218,040 AND OF THAT, \$49,022 WAS PAID AS A VESTED CONTRIBUTION UNDER THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457(F) PLAN) MENTIONED ABOVE AND IS INCLUDED IN PART II, COLUMN (B)(III) |

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| PART I, LINE 7          | CERTAIN EXECUTIVES PARTICIPATE IN AN ANNUAL BONUS PLAN THAT PROVIDES COMPENSATION BASED ON ACHIEVING SPECIFIC PRE-DEFINED GOALS BONUS CRITERIA ARE COMPRISED OF BOTH SYSTEM LEVEL AND EXECUTIVE SPECIFIC COMPONENTS SUCH CRITERIA PERTAIN TO MATTERS WITHIN THE EXECUTIVE'S AREA OF RESPONSIBILITY, AS WELL AS ACHIEVEMENT OF OVERALL STRATEGIC OBJECTIVES OF THE ORGANIZATION AND ITS AFFILIATES IN ALIGNMENT WITH SYSTEM-WIDE BALANCED MEASURES |

| <b>Return Reference</b>                            | <b>Explanation</b>   |
|--|--|
| FORM 990, PART VII, COLUMN E & SCHEDULE J, PART II | SALARIES PAID BY RELATED ORGANIZATIONS 1 MARGARET TROY, DIRECTOR OF CHWF AND PRESIDENT & CEO OF CHHS, MARGARET BRZYSKI NELSON, DIRECTOR, CHIEF DEVELOPMENT OFFICER, AND PRESIDENT OF CHWF, MARC CADIEUX, TREASURER OF CHWF AND TREASURER & CFO OF CHHS, AND MICHELLE METTNER, SECRETARY OF CHWF AND CORP VP GOV & LEGAL AFFAIRS - REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS AND OTHER COMPENSATION LISTED IN PART VII AND SCHEDULE J WERE PAID FOR SERVICES PROVIDED (40 HOURS PER WEEK) TO CHHS AND ITS AFFILIATES THESE AMOUNTS WERE PAID BY CHHS SERVICES BY MS TROY AND MS NELSON AS MEMBERS OF THE BOARD OF DIRECTORS OF CHWF WERE PROVIDED ON A PART-TIME VOLUNTARY BASIS |



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1500075

**Name:** CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION 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 |  |                         |                                 |   |
| MARGARET NELSON<br>DIRECTOR/CDO &<br>PRESIDENT FOUNDATION | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 346,516  | 82,055                              | 22,910                              | 51,710   | 33,318                  | 536,509                         | 0   |
| MARGARET TROY<br>DIRECTOR/CHHS<br>PRESIDENT               | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 903,665  | 381,341                             | 118,341                             | 235,540  | 32,632                  | 1,671,519                       | 0   |
| MARC CADIEUX<br>TREASURER                                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 494,431  | 144,118                             | 43,134                              | 71,448   | 26,296                  | 779,427                         | 0   |
| MICHELLE METTNER<br>SECRETARY                             | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 360,021  | 76,098                              | 47,685                              | 61,750   | 26,882                  | 572,436                         | 0   |
| JEFF STEWART<br>COO FOUNDATION                            | (i)  | 211,582  | 48,669                              | 11,304                              | 23,000   | 28,122                  | 322,677                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| CHRISTINE BARANOUCY<br>VP ENGAGEMENT &<br>STEWARDSHIP     | (i)  | 164,941  | 36,657                              | 2,709                               | 8,220  | 11,045                  | 223,572                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| MARYANNE KESSEL<br>EXECUTIVE DEVELOPMENT<br>DIR, HHI      | (i)  | 211,681  | 33,074                              | 3,790                               | 22,215   | 31,513                  | 302,273                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JAY RABIDEAUX<br>VP DEVELOPMENT                           | (i)  | 214,568  | 24,503                              | 477                                 | 9,250  | 30,637                  | 279,435                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| KELLY SACHSE<br>SENIOR DIR, PLANNED<br>GIVING             | (i)  | 153,284  | 15,804                              | 3,048                               | 14,190   | 24,488                  | 210,814                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| MARTIN VOGEL<br>VP PRINCIPAL GIFTS                        | (i)  | 46,312   | 39,539                              | 68,826                              | 0  | 7,174                   | 161,851                         | 7,902   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

Employer identification number  
39-1500075

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 15  | 747,599  | 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 ▶ See Additional Data                                       |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

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

|           |  |
|-----------|--|
| <b>29</b> |  |
|-----------|--|

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

|            | Yes | No |
|------------|-----|----|
| <b>30a</b> |     | 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?

|           |     |  |
|-----------|-----|--|
| <b>31</b> | Yes |  |
|-----------|-----|--|

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

|            |     |  |
|------------|-----|--|
| <b>32a</b> | Yes |  |
|------------|-----|--|

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II Supplemental Information.**

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 32B | THE ORGANIZATION USES VARIOUS BROKERAGE FIRMS TO SELL DONATED SECURITIES |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1500075

**Name:** CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

### Part I, Lines 25-28

| <b>(a)</b><br>Check if applicable   | <b>(b)</b><br>Number of contributions or items contributed | <b>(c)</b><br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | <b>(d)</b><br>Method of determining noncash contribution amounts |
|-------------------------------------|--|---|--|
| Other ▶ ( TOYS / BLANKETS / OTHER ) | 20,370   | 263,456   | FMV  |
| Other ▶ ( NONCASH PRIZES )          | 429  | 139,275   | FMV  |
| Other ▶ ( RENT / FACILITY COSTS )   | 1  | 34,901  | FMV  |
| Other ▶ ( FOOD / BEVERAGES )        | 8  | 3,652   | FMV  |
| Other ▶ ( OTHER DONATED GOODS )     | 1  | 250   | FMV  |

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

Employer identification number

39-1500075

**990 Schedule O, Supplemental Information**

| Return Reference          | Explanation   |
|---------------------------|---|
| FORM 990, PART V, LINE 1A | THE ORGANIZATION DID NOT FILE ANY FORMS 1099 DURING THE TAXABLE YEAR ALTHOUGH THE ORGANIZATION DID RETAIN INDEPENDENT CONTRACTORS, THE COMPENSATION AMOUNTS OWED TO SUCH CONTRACTORS WERE PROCESSED AND PAID BY A RELATED ENTITY, CHILDREN'S HOSPITAL OF WISCONSIN, INC ("CHW"), WITH APPROPRIATE INTERCOMPANY ARRANGEMENTS BETWEEN THE ORGANIZATION AND CHW THE FORMS 1099 FOR SUCH PAYMENTS WERE ISSUED BY CHW, AS THE ENTITY THAT PROCESSED AND MADE THE PAYMENTS TO THE INDEPENDENT CONTRACTORS |

# 990 Schedule O, Supplemental Information

| Return Reference                              | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2 | BUSINESS RELATIONSHIPS EXIST BETWEEN THE FOLLOWING BOARD MEMBERS KELLNER AND D WERNER, S<br>HIELY AND FILMANOWICZ, BRENNER AND MARGOLIS, HERD-BARBER AND MARGOLIS, KELLNER AND MARGOLI<br>S, AND STANEK AND MARGOLIS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | THE ORGANIZATION HAS A SOLE CORPORATE MEMBER WHICH IS CHHS |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | CHHS, THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, ELECTS THE ORGANIZATION'S GOVERNING BODY |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | THE SOLE CORPORATE MEMBER, CHHS, HAS CERTAIN RESERVE POWERS OVER THE CORPORATION, INCLUDING AMENDMENT OF THE ARTICLES OF INCORPORATION AND BYLAWS, APPROVAL OF MERGER, CONSOLIDATION OR THE CREATION OF ANY SUBSIDIARIES BY THE CORPORATION, APPROVAL OF THE ANNUAL BUDGET AND ANY DEBT, AND SELECTION OF THE PRESIDENT |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE FORM 990 OF CHWF WAS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF CHHS AND PRIOR TO FILING, A COPY WAS PROVIDED TO ALL DIRECTORS OF CHWF |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | ANNUALLY, ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUESTED TO SUBMIT A CONFLICT OF INTEREST DISCLOSURE TO THE DIRECTOR OF CORPORATE COMPLIANCE THE COMPLIANCE DEPARTMENT MONITORS AND PERIODICALLY REVIEWS TRANSACTIONS BETWEEN THE ORGANIZATION AND BOARD MEMBERS OR ENTITIES WITH WHICH THEY ARE AFFILIATED |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT, TREASURER, AND SECRETARY WAS REVIEWED AND APPROVED BY THE INDEPENDENT COMPENSATION COMMITTEE OF CHHS (THE ORGANIZATION'S CORPORATE MEMBER) WITH THE ASSISTANCE OF AN INDEPENDENT COMPENSATION CONSULTANT AND INFORMATION FROM A VARIETY OF EXTERNAL SOURCES (AS INDICATED ON SCHEDULE J), THE COMMITTEE CONFIRMED THAT TOTAL COMPENSATION AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS THE PROCESS FOLLOWED BY THE COMMITTEE, INCLUDING THE DATA RELIED UPON AND THE COMMITTEE'S DECISIONS, WAS THOROUGHLY AND TIMELY DOCUMENTED COMPENSATION OF THE KEY EMPLOYEE WAS SET BY SUPERVISORY EXECUTIVES IN CONSULTATION WITH CHHS HUMAN RESOURCES LEADERS THE PROCESS INCLUDED REVIEW BY INDEPENDENT PERSONS WHO, USING A VARIETY OF EXTERNAL SOURCES (AS INDICATED ON SCHEDULE J), CONFIRMED THAT TOTAL COMPENSATION AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS THE PROCESS AND DATA RELIED ON WERE THOROUGHLY AND TIMELY DOCUMENTED |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL INFORMATION OF CHWF ARE AVAILABLE TO MEMBERS OF THE PUBLIC UPON REQUEST THROUGH THE CHHS MARKETING AND COMMUNICATION DEPARTMENT |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>   |
|---------------------------------|--|
| FORM 990,<br>PART XI,<br>LINE 9 | WRITE-OFF OF UNCOLLECTIBLE PLEDGES -118,405 TRANSFER FROM AFFILIATE (CHW) 26,000,000 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>SCHEDULE<br>R, PART V,<br>LINE 1D | PURSUANT TO AN AMENDED AND RESTATED MASTER TRUST INDENTURE DATED DECEMBER 14, 2017, CHILDREN'S HOSPITAL OF WISCONSIN, INC AND CHILDREN'S HOSPITAL AND HEALTH SYSTEM FOUNDATION, INC ARE MEMBERS OF AN OBLIGATED GROUP WHICH JOINTLY AND SEVERALLY GUARANTEE CERTAIN DEBT ISSUED BY A MEMBER OF THE OBLIGATED GROUP THROUGH THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY PAYMENT OF SCHEDULED PRINCIPAL AND INTEREST IS SECURED BY A PLEDGE OF THE HOSPITAL'S AND FOUNDATION'S GROSS UNRESTRICTED RECEIPTS |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHILDREN'S HOSPITAL OF WISCONSIN  
FOUNDATION INC

**Employer identification number**

39-1500075

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity           | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|--|--|----------------------------|---|--|--|----|
|   |  |  |                            |   |  | Yes  | No |
| <b>(1)</b> CHILDREN'S HOSPITAL AND HEALTH SYSTEM INC<br>PO BOX 1997 MS 900<br><br>MILWAUKEE, WI 532011997<br>39-1500074 | AMBULATORY SURGERY<br>CTR, URGENT CARE, &<br>OPERATIONAL SPPT SVCS | WI   | 501(C)(3)                  | LINE 3  | N/A  |  | No |
| <b>(2)</b> CHILDREN'S HOSPITAL OF WISCONSIN INC<br>PO BOX 1997 MS 900<br><br>MILWAUKEE, WI 532011997<br>39-0812532      | PEDIATRIC HOSPITAL   | WI   | 501(C)(3)                  | LINE 3  | CHILDREN'S HOSPITAL &<br>HEALTH SYSTEM INC |  | No |
| <b>(3)</b> CHILDREN'S MEDICAL GROUP INC<br>PO BOX 1997 MS 900<br><br>MILWAUKEE, WI 532011997<br>39-1789197              | PEDIATRIC PHYSICIAN<br>SERVICES                                    | WI   | 501(C)(3)                  | LINE 3  | CHILDREN'S HOSPITAL &<br>HEALTH SYSTEM INC |  | No |
| <b>(4)</b> CHILDREN'S PHYSICIAN GROUP PC<br>PO BOX 1997 MS 900<br><br>MILWAUKEE, WI 532011997<br>36-4303682             | PEDIATRIC PHYSICIAN<br>SERVICES                                    | IL   | 501(C)(3)                  | LINE 10   | CHILDREN'S HOSPITAL &<br>HEALTH SYSTEM INC |  | No |
| <b>(5)</b> CHILDREN'S SERVICE SOCIETY OF WISCONSIN<br>PO BOX 1997 MS 900<br><br>MILWAUKEE, WI 532011997<br>39-0806380   | CHILD WELLBEING<br>SERVICES  | WI   | 501(C)(3)                  | LINE 7  | CHILDREN'S HOSPITAL &<br>HEALTH SYSTEM INC |  | No |
| <b>(6)</b> CHILDREN'S COMMUNITY HEALTH PLAN INC<br>PO BOX 1997 MS 900<br><br>MILWAUKEE, WI 532011997<br>27-1494977      | WISCONSIN MEDICAID HMO   | WI   | 501(C)(3)                  | LINE 10   | CHILDREN'S HOSPITAL &<br>HEALTH SYSTEM INC |  | No |
| <b>(7)</b> CHILDREN'S SPECIALTY GROUP INC<br>999 N 92ND ST SUITE C740<br><br>MILWAUKEE, WI 53226<br>39-1990012          | PEDIATRIC PHYSICIAN<br>SERVICES                                    | WI   | 501(C)(3)                  | LINE 12A, I   | N/A  |  | 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                            |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |



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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

**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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII**    **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |