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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION		D Employer identification number 25-1462312
	Doing business as		E Telephone number (412) 641-8957
	Number and street (or P O box if mail is not delivered to street address) 3339 Ward Street	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Pittsburgh, PA 15213		G Gross receipts \$ 69,001,257
	F Name and address of principal officer Michael Annichine CEO 3339 Ward Street Pittsburgh, PA 15213		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ www.mageewomens.org		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		H(c) Group exemption number ▶	
		L Year of formation 1984	M State of legal domicile PA

Part I Summary																									
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Magee-Womens Research Institute (MWRI), the first and largest research institute in the U S devoted exclusively to women's health, is a recognized leader conducting unprecedented research and advancing clinical knowledge in many areas affecting women, including reproductive biology, breast cancer, ovarian cancer, genomics and personalized therapies, HIV immunization and prevention, fertility preservation, and pelvic floor research. Magee-Womens Research Institute is dedicated to the transformation of health research for the good of all humankind. 2 Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets <table border="1"> <tr> <td>3 Number of voting members of the governing body (Part VI, line 1a)</td> <td>3</td> <td>25</td> </tr> <tr> <td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td> <td>4</td> <td>22</td> </tr> <tr> <td>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td> <td>5</td> <td>0</td> </tr> <tr> <td>6 Total number of volunteers (estimate if necessary)</td> <td>6</td> <td>231</td> </tr> <tr> <td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td> <td>7a</td> <td>0</td> </tr> <tr> <td>7b Net unrelated business taxable income from Form 990-T, line 34</td> <td>7b</td> <td>0</td> </tr> </table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	25	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	6 Total number of volunteers (estimate if necessary)	6	231	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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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				2017-03-29
	Date				
	Arthur Scully III Vice President Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1 Briefly describe the organization's mission

The Board approved mission of MWRIF is to advance scientific knowledge in the fields of reproductive biology and medicine, translate this knowledge into improved health for women and infants, train current and future scholars of reproductive sciences, and foster community investment and involvement in women's health

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 \$ 50,326,198 including grants of \$ 28,738,678) (Revenue \$ 1,235,780)
	See Schedule O

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e	Total program service expenses ▶ 50,326,198
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	46	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	25	
1b	Enter the number of voting members included in line 1a, above, who are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
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?		No
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		No
	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

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , CT , DC , FL , GA , MA , MD , NJ , NY , PA , VA

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ Lisa Ascencio Director of Finance 3339 Ward Street Pittsburgh, PA 15213 (412) 641-8957

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

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

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

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 45

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
University of Pittsburgh Office of Research Cost Accounting 3109 Cathedral of Learning Pittsburgh, PA 15251	Medical Research	8,653,929
Medical Research Council Post Box 19070 Cape Town SF	Medical Research	2,500,995
UZ-UCSF Collaborative Univ of Zimbabwe/Univ of California Initiative Belgravia Harare ZI	Medical Research	2,233,525
Fred Hutchinson Cancer Research Center 1100 Fairview N Seattle, WA 98109	Medical Research	2,103,822
Family Health International Post Box 602146 Charlotte, NC 28260	Medical Research	1,706,581

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 27	
---	--

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	63,350	48,885,965				
	b	Membership dues	1b	0					
	c	Fundraising events	1c	245,231					
	d	Related organizations	1d	0					
	e	Government grants (contributions)	1e	41,289,864					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,287,520					
	g	Noncash contributions included in lines 1a-1f \$		280,983					
	h	Total. Add lines 1a-1f ▶							
Program Service Revenue			Business Code						
	2a	Service Fee Revenue	541380	355,389	355,389	0	0		
	b	Student Intern program stipend recovery	541712	17,810	17,810	0	0		
	c								
	d								
	e								
	f	All other program service revenue		0	0	0	0		
	g	Total. Add lines 2a-2f ▶			373,199				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		921,271	0	0	921,271		
	4	Income from investment of tax-exempt bond proceeds . . ▶		0	0	0	0		
	5	Royalties ▶		0	0	0	0		
	6a	(i) Real		(ii) Personal	862,581	862,581	0	0	
		Gross rents		862,581					0
		Less rental expenses		0					0
		Rental income or (loss)		862,581					0
	d	Net rental income or (loss) ▶							
	7a	(i) Securities		(ii) Other	996,653	0	0	996,653	
		Gross amount from sales of assets other than inventory		17,843,730					0
		Less cost or other basis and sales expenses		16,847,077					0
		Gain or (loss)		996,653					0
	d	Net gain or (loss) ▶							
	8a	Gross income from fundraising events (not including \$ 245,231 of contributions reported on line 1c) See Part IV, line 18 . . .			-128,137		0	-128,137	
		a		114,511					
		b Less direct expenses b		242,648					
	c	Net income or (loss) from fundraising events . . ▶							
	9a	Gross income from gaming activities See Part IV, line 19							
		a							
		b Less direct expenses b							
	c	Net income or (loss) from gaming activities . . . ▶							
	10a	Gross sales of inventory, less returns and allowances . . .							
		a							
		b Less cost of goods sold b							
c	Net income or (loss) from sales of inventory . . ▶								
Miscellaneous Revenue		Business Code							
11a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d ▶			0					
12	Total revenue. See Instructions ▶			51,911,532	1,235,780	0	1,789,787		

Part IX Statement of Functional Expenses

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

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

☐		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	20,328,986	20,328,986		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	8,409,692	8,409,692		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	540,152	65,221	474,931	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	10,856,310	8,436,021	2,216,480	203,809
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0	0	0	0
9	Other employee benefits.	2,812,447	2,237,366	510,419	64,662
10	Payroll taxes.	0	0	0	0
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	23,696		23,696	
c	Accounting.	82,928		82,928	
d	Lobbying.	0		0	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	295,217		295,217	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,410,905	289,020	676,603	445,282
12	Advertising and promotion.	5,700			5,700
13	Office expenses.	448,865	288,419	68,209	92,237
14	Information technology.	213,376	61,760	122,020	29,596
15	Royalties.				
16	Occupancy.	3,272,702	3,053,675	219,027	
17	Travel.	1,122,853	1,010,693	41,053	71,107
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	406,789	406,789		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,928,128	1,857,275	70,208	645
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Lab Equipment & Maintenance	917,463	917,463	0	0
b	Medical Research Supplies	1,680,519	1,680,519	0	0
c	Lab Testing and Processing Fees	592,511	592,511	0	0
d	Fundraising Expenses included in Part VIII	-242,648	0	0	-242,648
e	All other expenses	954,331	690,788	119,298	144,245
25	Total functional expenses. Add lines 1 through 24e.	56,060,922	50,326,198	4,920,089	814,635
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	
	2	Savings and temporary cash investments		4,826,884	2	1,677,336
	3	Pledges and grants receivable, net		10,671,968	3	9,932,504
	4	Accounts receivable, net		89,837	4	177,992
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	
	7	Notes and loans receivable, net		0	7	
	8	Inventories for sale or use		0	8	
	9	Prepaid expenses and deferred charges		627,450	9	558,497
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 50,975,475	34,343,049	10c	32,569,590
	b	Less: accumulated depreciation	10b 18,405,885			
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.		49,446,795	12	47,568,061
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).		100,005,983	16	92,483,980
Liabilities	17	Accounts payable and accrued expenses		3,552,895	17	4,673,719
	18	Grants payable		4,520,303	18	3,807,261
	19	Deferred revenue		11,614,989	19	10,074,670
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.			22	
	23	Secured mortgages and notes payable to unrelated third parties		30,139,363	23	29,358,117
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		29,291	25	44,289
	26	Total liabilities. Add lines 17 through 25.		49,856,841	26	47,958,056
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		11,755,532	27	7,678,556
	28	Temporarily restricted net assets		20,331,390	28	18,680,712
	29	Permanently restricted net assets		18,062,220	29	18,166,656
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		50,149,142	33	44,525,924
	34	Total liabilities and net assets/fund balances		100,005,983	34	92,483,980

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,911,532
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,060,922
3	Revenue less expenses Subtract line 2 from line 1	3	-4,149,390
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,149,142
5	Net unrealized gains (losses) on investments	5	-1,752,384
6	Donated services and use of facilities	6	278,556
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,525,924

Part XII

Financial Statements and Reporting

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

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

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 25-1462312
Name: MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Arthur Levine Director	1 0	X						0	0	0
Susan McGalla Director	1 0	X						0	0	0
Linda S Melada Director	1 0	X						0	0	0
William Pietragallo Director	1 0	X						0	0	0
K Scott Roy Director	1 0	X						0	0	0
W Scott Sanford Director	1 0	X						0	0	0
Patricia Siger Director	1 0	X						0	0	0
David Spigelmyer Director	1 0	X						0	0	0
Jason Hamson Treasurer	2 5 0	X		X				0	0	0
Peggy Snavely Secretary	1 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Came Coghill President (effective 01/01/2016)	1 0	X		X				0	0	0
Kelly R Gray Vice Chair	1 0	X		X				0	0	0
David Kaplan President (Through 12/31/2015)	1 0	X		X				0	0	0
Michael Annichine CEO (effective 04/11/2016)	40 0	X		X				0	0	0
Yoel Sadovsky Executive Director/Professor	92 0	X		X				553,942	0	67,113
Arthur Scully III Vice President	40 0	X		X				191,881	0	39,628
Gerald Schatten Professor	40 0					X		309,853	0	43,333
Sharon Hillier Professor	40 0					X		304,694	0	40,759
Ian McGowan Professor	40 0					X		272,800	0	36,775
Elizabeth Krans Assistant Professor	40 0					X		171,513	0	30,381

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kyle Orwig Associate Professor	40 0					X		196,176	0	28,025

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION

Employer identification number
25-1462312

Part I

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

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

1

☐

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

2

☐

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

10

☐

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

11

☐

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

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	50,279,791	50,556,469	45,725,654	58,771,737	48,885,965	254,219,616
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1 through 3	50,279,791	50,556,469	45,725,654	58,771,737	48,885,965	254,219,616
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,385,335
6 Public support. Subtract line 5 from line 4						242,834,281

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	50,279,791	50,556,469	45,725,654	58,771,737	48,885,965	254,219,616
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,008,360	1,976,447	1,719,011	1,597,092	1,783,852	9,084,762
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0			0
11 Total support. Add lines 7 through 10						263,304,378
12 Gross receipts from related activities, etc (see instructions)					12	2,999,298
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	92.226 %
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	93.603 %
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION	Employer identification number 25-1462312
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	22,878,830	22,336,456	20,383,708	18,959,728	19,328,380
b Contributions	873,005	860,738	11,625	56,904	18,850
c Net investment earnings, gains, and losses	-58,413	316,392	2,506,831	1,897,654	-6,643
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	3,546,422	634,756	565,708	530,578	380,859
f Administrative expenses	0	0	0	0	0
g End of year balance	20,147,000	22,878,830	22,336,456	20,383,708	18,959,728

2

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

a

Board designated or quasi-endowment ▶ 9 1 %

b

Permanent endowment ▶ 90 1 %

c

Temporarily restricted endowment ▶ 0 8 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

Yes

No

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	0	0		0
b Buildings	0	44,437,642	12,977,415	31,460,227
c Leasehold improvements	0	931,198	727,923	203,275
d Equipment	0	5,606,635	4,700,547	906,088
e Other	0	0	0	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				32,569,590

Schedule D (Form 990) 2015

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) Money Market	5,969,469	F
(B) Fixed Income	6,519,461	F
(C) Domestic Equity	19,246,256	F
(D) International Equity	7,522,954	F
(E) Alternative Investments	7,373,902	F
(F) Beneficial Interest in Trust	936,019	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	47,568,061	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
Agency funds held for womens Auxillary	44,289
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	44,289

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	50,428,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,752,384
b	Donated services and use of facilities	2b	321,838
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	-1,430,546
3	Subtract line 2e from line 1	3	51,858,963
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	295,217
b	Other (Describe in Part XIII)	4b	-242,648
c	Add lines 4a and 4b	4c	52,569
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	51,911,532

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

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

1	Total expenses and losses per audited financial statements	1	56,051,635
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	43,282
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII)	2d	242,648
e	Add lines 2a through 2d	2e	285,930
3	Subtract line 2e from line 1	3	55,765,705
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	295,217
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	295,217
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	56,060,922

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
Schedule D, Part V, Line 4	Endowments are used to carry out the mission of the organization, i.e., to conduct medical research related to women's health and to support the operations of Magee Womens Hospital

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Schedule D, Part XII, Line 2d	\$242,648 reconciling item represents fundraising expenses included in expense section of audited financials but reported as a revenue offset in Part VIII line 8 of 990

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

- **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.**
► **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION

Employer identification number

25-1462312

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 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
Sub-Saharan Africa	0	0	Grantmaking		8,247,870
Europe (including Iceland and Greenland)	0	0	Grantmaking		90,032
East Asia and the Pacific	0	0	Grantmaking		41,790
South America	0	0	Grantmaking		30,000
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			8,409,692

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶	11
3	Enter total number of other organizations or entities ▶	0

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

[illegible]

Part IV Foreign Forms

- 1

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

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

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

☐

Yes

☒

No
- 4

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

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	All grants & assistance to foreign organizations relate to collaborative biomedical research with the organizations. Each arrangement is formalized with a contract which includes specific terms & conditions that must be met. Each recipient is required to submit a detailed accounting of all expenditures incurred under the contract. This is reviewed for contract compliance and appropriateness, and only then is cash transferred to them under the grant agreement as a reimbursement. Each recipient organization is also required to submit annual reports of all research activities funded by the grant and the results of the research. This information is reviewed by the U.S. scientist who is leading the research.

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 25-1462312
Name: MAGEE-WOMENS RESEARCH INSTITUTE AND
FOUNDATION

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	To conduct clinical trials of microbicides for the prevention of HIV	30,000	Wire Transfer	0		
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	323,430	Wire Transfer	0		
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	1,204,772	Wire Transfer	0		
		East Asia and the Pacific	To conduct clinical trials of microbicides for the prevention of HIV	41,790	Wire Transfer	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	10,800	Wire Transfer	0		
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	958,381	Wire Transfer	0		
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	2,500,995	Wire Transfer	0		
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	414,111	Wire Transfer	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (including Iceland and Greenland)	Characterization of meosis	90,032	Wire Transfer	0		
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	2,233,525	Wire Transfer	0		
		Sub-Saharan Africa	To conduct clinical trials of microbicides for the prevention of HIV	601,856	Wire Transfer	0		

25-1462312

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 <u>Savor Pittsburgh</u> (event type)	(b)Event #2 <u>Fly fishing</u> (event type)	(c)Other events <u>5</u> (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	220,175	68,500	64,468	353,143
	2	Less Contributions	132,399	53,333	54,400	240,132
	3	Gross income (line 1 minus line 2)	87,776	15,167	10,068	113,011
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	4,706	0	0	4,706
	6	Rent/facility costs	20,545	15,000	13,267	48,812
	7	Food and beverages	15,385	0	14,868	30,253
	8	Entertainment	3,000	0	0	3,000
	9	Other direct expenses	70,344	5,724	4,824	80,892
	10	Direct expense summary Add lines 4 through 9 in column (d) ►				167,663
	11	Net income summary Subtract line 10 from line 3, column (d) ►				-54,652

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

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

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

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 complete this part to provide any additional information (see instructions).

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

Schedule G (Form 990 or 990-EZ) 2015

2015

Open to Public Inspection

25-1462312

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2	Each recipient of grant funding enters into a contract with MWRIF. The contract details allowable uses of funds and includes a detailed budget listing anticipated expenditures. Funds are released to recipients on a cost reimbursement basis. The recipient submits a report summarizing the expenditure incurred, which is carefully reviewed by MWRIF personnel against budgets and terms of the contract before funds are released.

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 25-1462312
Name: MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Magee Womens Hospital of UPMC 300 Halket Street Pittsburgh, PA 15213	25-0965420	501(c)(3)	475,566	0		Contribution for Hospital Activities	
Brown University Cashiers office Box 1911 Providence, RI 02912	05-0258809	501(c)(3)	16,017	0		Biomedical Research	
Carnegie Mellon University Po Box 371032 Pittsburgh, PA 15250	25-0969449	501(c)(3)	205,594	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501(c)(3)	24,423	0		Biomedical Research	
National Foundation for Center for Disease Control & Prevention 55 park Place suite 400 Atlanta, GA 30303	58-2106707	501(c)(3)	142,496	0		Biomedical Research	
New York University 70 Washington Square south New York, NY 10012	13-5562308	501(c)(3)	177,510	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pennsylvania State University 227 W Beaver avenue Suite 401 State College, PA 16801	24-6000376	501(c)(3)	27,835	0		Biomedical Research	
Population Council One Dag Hammarskjold Plaza New York, NY 10017	13-1687001	501(c)(3)	195,854	0		Biomedical Research	
Public Health Foundation enterprises 12801 Crossroads Pkwy S City of Industry, CA 91746	95-2557063	501(c)(3)	454,556	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of Michigan 500 S State St Ann Arbor, MI 48109	38-6006309	501(c)(3)	175,844	0		Biomedical Research	
Research foundation for Mental Hygiene 150 Broadway Menands, NY 12204	14-1410842	501(c)(3)	318,394	0		biomedical Research	
Research Triangle Institute 5265 Capital Boulevard Raleigh, NC 27616	56-0686338	501(c)(3)	819,097	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Francisco Department of Public Health 1380 Howard Street San Francisco, CA 94103	000000000	501(c)(3)	57,358	0		Biomedical Research	
Research Foundation for the State University of New York PO Box 9 Albany, NY 12201	14-1368361	501(c)(3)	68,899	0		Biomedical Research	
Tulane University 800 East Commerce Road Harahan, LA 70123	72-0423889	501(c)(3)	24,020	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Texas One UTSA Circle San Antonio, TX 78249	74-6000089	501(c)(3)	406,313	0		Biomedical Research	
University of California Los Angeles 405 Hilgard Avenue Los Angeles, CA 90095	95-6006143	501(c)(3)	94,668	0		Biomedical Research	
The Regent of the University of California at Davis 1850 Research Park Drive suite 300 Davis, CA 95618	94-6036494	501(c)(3)	28,207	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Alabama 1720 second Avenue South Birmingham, AL 35294	63-6005396	501(c)(3)	311,430	0		Biomedical Research	
University of California San Diego 9500 Gilman Avenue La Jolla, CA 92093	95-6006144	501(c)(3)	372,447	0		Biomedical Research	
University of Colorado Denver 1775 Aurora Court Denver, CO 80045	84-6000555	501(c)(3)	172,319	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of North Carolina at Chapel Hill 104 Airport Dr Chapel Hill, NC 27599	56-6001393	501(c)(3)	711,121	0		Biomedical Research	
University of Pittsburgh 4200 fifth Avenue Pittsburgh, PA 15260	25-0965591	501(c)(3)	8,653,929	0		Biomedical Research	
University of Washington Gerberding Hall G80 Seattle, WA 98195	91-6001537	501(c)(3)	924,505	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia University 116th street and Broadway New York, NY 10027	13-5598093	501(c)(3)	29,916	0		Biomedical Research	
Eastern Virginia Medical School 700 W Olney Road Norfolk, VA 23507	54-6055378	501(c)(3)	15,802	0		Biomedical Research	
Yeshiva University 1300 Morris Park avenue Bronx, NY 10461	23-7075620	501(c)(3)	107,324	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emory University 954 Gatewood Road Atlanta, GA 30329	58-0566256	501(c)(3)	20,370	0		Biomedical Research	
Family Health International 359 Blackwell Street Durham, NC 27701	23-7413005	501(c)(3)	1,706,581	0		Biomedical Research	
Fred Hutchinson Cancer research Center 1100 Fairview Avenue N Seattle, WA 98109	23-7156071	501(c)(3)	2,103,822	0		Biomedical Research	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
John Hopkins University 733 North Broadway Baltimore, MD 21218	52-0595110	501(c)(3)	1,486,768	0		Biomedical Research	

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION

Employer identification number
25-1462312

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(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				
1 Yoel Sadovsky Executive Director/Professor	(i)	450,387 -----	100,953 -----	2,602 -----	47,830 -----	19,283 -----	621,055 -----	-----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 Arthur Scully III Vice President	(i)	191,281 -----	0 -----	600 -----	23,530 -----	16,098 -----	231,509 -----	-----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 Gerald SchattenProfessor	(i)	309,252 -----	0 -----	600 -----	31,801 -----	11,533 -----	353,186 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 Sharon HillierProfessor	(i)	253,744 -----	50,000 -----	950 -----	30,450 -----	10,309 -----	345,453 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 Ian McGowanProfessor	(i)	222,200 -----	50,000 -----	600 -----	32,220 -----	4,555 -----	309,575 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	-----
6 Elizabeth Krans Assistant Professor	(i)	171,000 -----	0 -----	513 -----	20,520 -----	9,861 -----	201,894 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 Kyle Orwig Associate Professor	(i)	195,576 -----	0 -----	600 -----	23,470 -----	4,555 -----	224,201 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	Membership dues for the Duquesne Club, a private club located in Pittsburgh's downtown business district, are paid by MWRIF for Arthur Scully, VP of Development. The Club's facility is used to host Board and Donor meetings and related events.
Schedule J, Part I, Line 3	The Executive Director is dually employed by both the University of Pittsburgh and the University of Pittsburgh Medical Center (UPMC). 100% of his time is spent on either his biomedical research or his Executive Director responsibilities, so MWRIF is financially responsible for his total compensation. Each of the three organizations are involved in evaluating the ED's compensation taking into account accomplishments, responsibilities, and comparison to AAMC (American Association of Medical Colleges) benchmarks. The initial salary as well as subsequent adjustments must be approved by senior management of the University and UPMC, and is also approved by select independent directors of MWRIF board. A written employment contract is used by both employers to document all employment terms including compensation. All paperwork regarding the process and approvals is maintained by the respective organizations.
Schedule J, Part I, Line 7	In addition to a base compensation from each employer, Dr. Sadovsky is eligible for incentive compensation as follows: From UPMC, he is eligible for performance-based incentive compensation as part of his employment contract. Performance is evaluated against a list of predetermined goals, and payment is made in the subsequent fiscal year. From the University of Pittsburgh, he is eligible for a research incentive based on certain criteria established by the University for all researchers. This is tied to his own research lab and is not related to his function as Executive Director of MWRIF. Gerald Schatten, Sharon Hillier, Ian McGowan, Elizabeth Krans, and Kyle Orwig are also eligible for the University of Pittsburgh research incentive mentioned above, if they meet the criteria established by the University.
Schedule J, Part II	(Also 990 Part VII, Section A) MICHAEL ANNICHINE joined the Organization as its CEO effective 04/11/2016. Since compensation information disclosed in this Form 990 Part VII and Schedule J relates to compensation paid out for the Calendar Year 2015, there is no reportable compensation for Mr. Annichine. ELIZABETH KRANS is dually employed by both the University of Pittsburgh and the University of Pittsburgh Medical Center (UPMC). She divides her time between clinical work and her research pursuits. The reportable wages shown on Schedule J Part II and Part VII Line 1a represent the portion of her combined salary attributable to her research work, which is the responsibility of MWRIF. UPMC is responsible for the portion of her combined salary attributable to her clinical work.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION

Employer identification number
25-1462312

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		4,706	Retail value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	262,907	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Food served at Events</u>)	X	7	13,370	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

0

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

30a

Yes

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 non-standard contributions?

31

Yes

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

32a

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
Schedule M, Part I, Line 32b	Registered stock brokers are used to sell stock contributions Stock is sold immediately upon receipt

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION**Employer identification number**

25-1462312

**Return
Reference****Explanation**Form 990,
Part I, Line 5

MWRIF doesn't have any employees of its own. All individuals who work in support of the mission of MWRIF are employed either by the University of Pittsburgh or the University of Pittsburgh Medical Center (UPMC). MWRIF is billed by each organization for the cost of salary and fringe benefits corresponding to the effort these individuals expend in support of the MWRIF mission. MWRIF records such costs as compensation on its financial statements. Payroll taxes are filed by the employer organizations.

Return Reference	Explanation
Form 990, Part III, Line 4a	Magee-Womens Research Institute (MWRI), the first and largest research institute in the U.S. devoted exclusively to women's health, is a recognized leader conducting unprecedented research and advancing clinical knowledge in many areas affecting women, including reproductive biology, breast cancer, ovarian cancer, genomics and personalized therapies, HIV immunization and prevention, fertility preservation, and pelvic floor research. Magee-Womens Research Institute is dedicated to the transformation of health research for the good of all humankind. Though women comprise 50% of the population, they give birth to 100% of future generations. As researchers, this fact has led us to the realization that women's health is the key to human wellness. Remarkable for its potential to revolutionize the art and science of medicine, this insight is the foundation of the Magee Movement. By embracing this new perspective, we will develop pragmatic solutions and prevent problems once considered inevitable. We envision a future in which all physicians and researchers routinely address the genetic and gestational causes of chronic and devastating developments like diabetes and cardiovascular disease in an attempt to prevent their occurrence. We believe that our best defense against infectious disease is to empower women. We are dedicated to fostering wellness by incorporating gender-based medicine. These tenets have motivated us to refocus our research in three pillars. PILLAR 1: 9-90 From conception onward, the first nine months of pregnancy contain the key to many of life's questions about health and well-being. Through our 9-90TM research, scientists investigate how the 9 months of pregnancy impact the next 90 years of life. The nine months in utero are so universally important because the moment of greatest plasticity - or the ability to be easily shaped or molded - is during pregnancy. It is during this time that factors such as environmental exposure, nutrition, and infection, as well as other influences, most greatly impact fetal development and leave a lasting mark. Studying this "human blueprint" allows scientists to better predict the conditions that will affect a person later in life and potentially change or cure those conditions. Areas of study in 9-90 are: REPRODUCTIVE DEVELOPMENT: Uncovering the mechanisms that underlie genetic abnormalities is crucial to reducing birth defects and improving the health of infants. PREGNANCY & NEWBORNS: A healthy start in life is the key to a lifetime of well-being. Magee scientists continue to make lifesaving discoveries about key diseases such as preeclampsia, fetal growth abnormalities, preterm birth, prenatal genetics and the lifelong impact stemming from these diseases through research spanning fetal development, pregnancy and pregnancy outcomes that shape maternal and neonatal health. REPRODUCTIVE PHYSIOLOGY & FERTILITY: Infertility is heartbreaking to the couple who desperately wants a child to love. Our scientists study the fundamental mechanisms that govern germ cell biology and complex pathways that lead to human infertility, to discover means for restoring fertility to diverse populations including young cancer survivors. GENETICS: Genetic studies of placental development are furthering medical science's understanding of how hormonal, nutritional and environmental signals in the womb influence genes that regulate all aspects of our physiology. PILLAR 2: GENDER SPECIFIC MEDICINE (GSM) For hundreds of years, scientists have been studying human disease processes while employing male research subjects almost exclusively. This approach has established a baseline for understanding, but truly effective human health research demands the study of both female and male responses to disease origin, prevention, and treatment. The differences between women and men and the distinctive ways they present with disease, respond to treatment, and recover can tell us much about how to ensure each patient receives the right treatment in the right way at the right time. Areas of study in GSM are: WOMEN'S CANCERS: At Magee, our response to Cancer is to find new and better ways to prevent and treat it. With recent breakthroughs in genomic discovery, we now have the tools to identify biomarkers for cancer risk, severity and prognosis. Through large scale clinical trials performed as a part of the national consortia, Magee scientists and physicians investigate ovarian and other pelvic cancers, examine the causes, prevention and treatment of breast cancer, and assess the impact cancer has on a woman's quality of life. UROGYNECOLOGY: We are unyielding in our determination to find ways to improve patient care in the treatment of the female pelvic floor. We are set on finding better treatments for conditions that affect women of reproductive age through maturity. WOMEN'S HEALTH & WELLNESS: An appalling one in four women will experience domestic abuse in her lifetime. Specific areas of focus include intimate partner violence, teen pregnancy, prenatal care and postpartum depression. We also pinpoint gaps in the quality of health and healthcare across racial, ethnic and socioeconomic groups that result in higher incidence of chronic diseases, higher mortality and poorer health outcomes for women. PILLAR 3: INFECTIOUS DISEASES Magee is focusing its efforts on the global threat of infectious diseases and our clinical trials are yielding breakthrough results all over the world. Our organization receives more HIV/AIDS research funding from the NIH than any other research center in the country - and, in 2006, the NIH established the Microbicide Trials Network (MTN) at Magee-Womens Research Institute. Led by Sharon Hillier, PhD, the MTN is a worldwide collaborative clinical trials network focused on preventing the transmission of HIV. Today, eleven years later, the MTN operates more than 20 sites in Africa, Southeast Asia and the United States.

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Directors Arthur Levine and Linda Melada have a family relationship

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The initial draft of the Form 990, which is prepared by the Accounting Manager, is reviewed by the Director of Finance. It is then reviewed externally by representative of MWRIF's external auditors Maher Duessel. After that, the Audit Committee, a sub-committee of the Board of Directors, reviews and provides a report to the Board. A copy of the Form 990 is provided to the full Board of Directors prior to filing with the IRS.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	The organization has a conflict of interest policy that is driven by the classification of each individual as follows Board members are required to sign a formal conflict of interest questionnaire annually prior to the beginning of each fiscal year for which they are a member The forms are reviewed internally by the VP of Development and Communications and actual or potential conflicts are reported to the Board Chair * Designated individuals (managers and above, and any employee holding a position of influence or trust) supporting MWRIF who are employed by UPMC are required to follow their employer mandated conflict of interest policy which includes annual electronic disclosures, as well as additional disclosures as related circumstances change These are reviewed and monitored by the UPMC Ethics and Compliance Committee If potential and actual conflicts are identified, a Conflict Management Plan must be developed and submitted to the Committee Failure to disclose potential conflicts or to follow the approved conflict management plan will result in disciplinary action * Designated individuals (all faculty, staff with administrator IV title or above and any others designated based on their responsibilities) working at MWRIF who are employees of the University of Pittsburgh are required to follow their employer mandated conflict of interest policy which includes annual electronic conflict of interest disclosures, as well as additional disclosures as related circumstances change These are reviewed by the individual's department head and reported to University senior management as well as maintained by the Conflict of Interest Committee Potential or actual conflicts are handled by the employees first line supervisor and a management plan developed The plan is submitted to senior management as well as the COI committee for review Sanctions may be applied for non-compliance with the requirements of the policy or with management plans, including a letter of reprimand, special monitoring of future work, removal from the particular project, probation, suspension, salary reduction, or initiation of steps leading to possible reduction in rank or termination of employment

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The Executive Director is dually employed by both University of Pittsburgh and the University of Pittsburgh Medical Center (UPMC) 100% of his time is spent on either his medical research (about 46 hours/week average) or on his Executive Director responsibilities (an additional 46 hours/week average), for an average total of 92 hours per week MWRIF is financially responsible for his total compensation and it reimburses the University of Pittsburgh and UPMC for his compensation Each of the three organizations are involved in evaluating the ED's compensation taking into consideration his accomplishments, responsibilities, and comparing against AAMC (American Association of Medical Colleges) benchmarks The initial salary as well as any subsequent adjustments are approved by senior management of the University and UPMC and by selected external members of the MWRIF Board All paperwork regarding the process and approvals is maintained by the respective organizations

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	The Conflict of Interest Policy, governing documents, and financial statements are available at the Organization's business office located at 3339 Ward street, Pittsburgh, PA 15213

Return Reference	Explanation
Form 990, Part VIII, Line 6a	The research conducted at MWRIF occurs in a facility located at 204 Craft Avenue. UPMC owns this building and MWRIF is renting the space from them. Since the lease agreement with UPMC is long term (30 years), for accounting purposes it has to be recorded as a liability on MWRIF's books. This is the mortgage/note payable disclosed on Line 24 of Part X. The lease agreement does not contain any terms implying that MWRIF will ever own or have the option to buy the building. The rental income disclosed in Part VIII is generated by subleases between MWRIF and several research labs that are part of the University of Pittsburgh, allowing them to occupy a portion of the space MWRIF is renting from UPMC. These particular University of Pittsburgh researchers collaborate with MWRIF researchers on a regular basis on large biomedical research projects where physical proximity facilitates the collaborative process and allows them to meet, share equipment and other resources as needed to make the collaboration more efficient and hopefully more successful. The objective in renting the space to the University of Pittsburgh is to facilitate the collaboration, not to generate profit. So the rental income disclosed in Part VIII is sublease income that offsets a portion of MWRIF's lease expense. MWRIF has no acquisition indebtedness which would require the rental income to be disclosed as unrelated business income.