•	Form	990-T	E	Exempt Orgai	nization Bus	ine	ss Income	Tax R	eturn	10 1	ОМВ	No 1545-0687
		<i>[</i>	<u> </u>	-	nd proxy tax und			N 30 20	400	(81 H	1 g	010
		,	For cal	lendar year 2018 or other tax yea			, and ending JU			$\geq \gamma$		2018
		Pient of the Treasury I Revenue Service	▶	Do not enter SSN number	irs.gov/Form990T for in rs on this form as it may				9.06 501(c)(3).	5	Ó 1(c)(3)	Public Inspection for Organizations Only
	A [Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)				yees' tr	tification number ust, see
	B E	emot under section	Print	UNIVERSITY OF WIS	CONSIN FOUNDATIO	N						43975
4 :	X	. · <u>^ _ </u> /	or Type	Number, street, and room		, see II	nstructions.				ted busi struction	ness activity code ns)
	`	408(e)220(e)	',,,,	1848 UNIVERSITY A								
	╘	408A530(a) 529(a)		City or town, state or prov MADISON, WI 5372		foreig	ın postal code			90000	3	
	C Boo	ok value of all assets and of year		F Group exemption numb		<u> </u>						
				G Check organization type					401(a)		L	Other trust
			•	ition's unrelated trades or b	usinesses.	3		e the only (d	•			
		de or business here				4-1		e, complete				1e,
				ice at the end of the previou	is sentence, complete Pa	rts i ar	io II, complete a Scheou	ie ivi for eac	n addition	ai traue t	ונ	
		riness, then complete		-v. poration a subsidiary in an a	offiliated group or a paren	t-cube	idiany controlled group?		— [Yes	. [κ No
1				tifying number of the paren			idiary conditioned group.			100	, _	
•		e books are in care of		CASEY ZWETTLER			Telep	hone numbe	er > 6	08-308	-519	7
~ [Pa	t-L Unrelated	Trac	de or Business Inc	ome		(A) Income		Expenses			(C) Net
8	₹ia	Gross receipts or sale	s						- 	2		
ê	Ban'°	Less returns and allow	vances		c Balance	1c			120	100 m) 53:	a/
	2	Cost of goods sold (S	chedule	A, line 7)		2			<u>a</u> -		/	<u> </u>
	3	Gross profit. Subtract	line 2 fr	rom line 1c		3			£ "			
		Capital gain net incom		•		4a	1,357,754	•	k rk r	" .		1,357,754.
				art II, line 17) (attach Form	4797)	4b		 	<u>*/-</u>			
		Capital loss deduction				4c	11 204 206	1 2				11 204 306
		, ,	-	ship or an S corporation (at	tach statement)	5	-11,204,396		TMT 3			11,204,396.
		Rent income (Schedu	•	(Cabadula E)		6		4				
		Unrelated debt-financ		ne (Schedule E) ind rents from a controlled c	erganization (Schodulo E)	8				+		
				on 501(c)(7), (9), or (17) or	=	9						
		Exploited exempt activ			gamzation (concadio a)	10						
		Advertising income (S	•	•		11						
		Other income (See ins		•		1/2			, +			
	13	Total. Combine lines	3 throu	igh <u>12</u>		13	-9,846,642					-9,846,642.
	Pa	rt'IL Deductio	ns No	ot Taken Elsewher								
desir		(Except for d	contribu	utions, deductions must	be directly connected	with						
202	14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)	Ι.	RECEIVE	ן ט		14	_	73,143.
2	15	Salaries and wages				0				15		41,551.
	16	Repairs and mainten	ance			3008	JUL 2 3 2021	RS-OSC		16		
(3	17	Bad debts				Γ		18		17		
AUG	18	Interest (attach sche	dule) (s	ee instructions)		ŀ	OGDEN, L			18		73,763.
	19 20	Taxes and licenses	one (Sa	e instructions for limitation	rules) STATEMENT	 6	SEE STATEM			20		0.
田	21	Depreciation (attach	•	/	Tules)	_	21				-	
Z	22	·		n Schedule A and elsewhere	e on return		22a			22b		
A	23	Depletion			• • • • • • • • • • • • • • • • • • • •		<u> </u>			23		
SCANNED	24	Contributions to defe	errea co	mpensation plans						24		
ų,	25	Employee benefit pro		•						25		
	26	Excess exempt expe		chedule I)						26		
	27	Excess readership co	osts (Sc	hedule J)						27		
	28	Other deductions (at					SEE STATEM	ENT 5		28		45,000.
	29	Total deductions. A								29		233,457.
	30			ncome before net operating						30		-10,080,099.
	31			loss arising in tax years beg		ry 1, 2	טוט (see instructions)		1	31 32		-10,080,099.
	32	unrelated business t	axable II	ncome. Subtract line 31 fro	in line 30			,		1 32		m 990-T (2018)

Form 990-		-0/439	73	rage Z
Parti	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	7	3/3	410,652.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 7	i	35	410,652.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		. 1	
	lines 33 and 34	~	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	ĭ, [
	enter the smaller of zero or line 36		38	0.
Partil	Vi Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from;			
	Tax rate schedule or Schedule D (Form 1041)	▶ [40	
41	Proxy tax. See instructions	▶ [41	
42	Alternative minimum tax (trusts only)	[42	
43	Tax on Noncompliant Facility Income. See Instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part	Tax and Payments		1	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b			
c	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	[46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch	edule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	[48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	[49	0.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
е	Backup withholding (see instructions) 50e		1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶	54	
55	Enter the amount of line 54 you want; Credited to 2019 estimated tax		55	
[Parti	Statements Regarding Certain Activities and Other Information (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			- X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year			
Sign	Under penalties of perjury, I declare the I have examined this return, including accompanying schedules and statements, and to the best of my correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	knowled	ge and belief, it is	Ψue,
Here	1 10/20	Ma	y the IRS discuss	this return with
11616	Signature of officer Date Title		preparer shown b	
			tructions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN	
Paid	\(\lambda_{\text{\lambda}}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Joyed	200000	• •
Prepa	arer DAMES G. GRAHAM		P000061	
Use C	Only Firm's name RSM US LLP Firm's E	:IN 🟲	42-071	14325
	P.O. BOX 5946 U		0_022 261	2
	Firm's address MADISON, WI 53705-0946 Phone	10. 50	8-833-2612	
823711 01	-09-19		Form	990-T (2018)

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 Additional section 263A costs (attach schedule) 4 Do ther costs (attach schedule) 5 Total. Add lines 1 through 4b 5 Chedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 6 Inventory at end of year 6 Total Subtract line 6 7 Cost of goods sold. Subtract line 6 7 Inventory at end of year 6 Total Subtract line 6 7 Inventory at end of year 6 Total Subtract line 6 7 Inventory at end of year 6 Inventory at end of year 7 Inventory at end of year 8 Do the rules of section 263A (with respect to year) 7 Inventory at end of year 7 Inventory at end of year 8 Do the rules of section 263A (with respect to year) 7 Inventory at end of year 8 Do the rules of section 263A (with respect to year) 7 Inventory at end of year 8 Do the rules of section 263A (with respect to year) 7 Inventory at end of year 8 Do the rules of section 263A (with respect to year) 7 Inventory at end of year 8 Do the rules of section 263A (with respect to year) 9 Inventory at end of year 9 Inventory at end of yea	Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A				
3 Cost of labor 1 Schement of 1 Schement 1 S				1		ır		6	
A Additional section (263A costs (attach schedule)	2 Purchases	2		7	Cost of goods sold. S	ubtract I	ine 6		
(attach schedule) b Other rotes (attach schedule) 5 Total. Add uses 1 through 4b 6 Property and Personal Property Leased With Real Property) (1) (2) (3) (4) 7 Rent received or actual (a) From personal property (if the personal property personal property (if the personal property personal property personal property personal property (if the personal personal property personal perso	3 Cost of labor	3			from line 5. Enter here	and in f	Part I,	<u>"1</u>	
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(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1. Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, compute					costs (column 6 minus column 5, but not more
(3) (4) Totals (carry to Part II, line (5)) 0. 0.												
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.						_						
Totals (carry to Part II, line (5)) ▶ 0. 0.						⊣ ,						
10tals (daily to 1 art in, line (d))	(4)							<u> </u>				
	Totals (carry to Part II, line (5))	•		0.	().						

Form 990-T (2018) UNIVERSITY OF WISCONSIN FOUNDATION Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				·			
(2)				-	-		
(3)							
(4)							
Totals from Part I	—	0.	0.		•	•	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		, <u>.</u>		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) JULIE VAN CLEAVE	CHIEF INVESTMENT OFFICER	4.42%	41,603.
(2) THOMAS P. OLSON	CIO - PRIVATE MARKETS	4.42%	25,424.
(3) JOHN C. NORTON	ASSISTANT TREASURER	4.42%	6,116.
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	73,143.

Form 990-T (2018)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

UNRELATED BUSINESS INCOME FROM INVESTMENT IN PASS-THROUGH ENTITIES

TO FORM 990-T, PAGE 1

E (LOSS) FROM PARTNERSHIPS	STATEMENT 3
	NET INCOME OR (LOSS)
DINARY BUSINESS INCOME (LOSS)	-11,204,396.
PAGE 1, LINE 5	-11,204,396,
CONTRIBUTIONS	STATEMENT 4
METHOD USED TO DETERMINE FMV	AMOUNT
N/A	2,538.
LINE 20	2,538.
OTHER DEDUCTIONS	STATEMENT 5
	AMOUNT
	45,000.
LINE 28	45,000
	METHOD USED TO DETERMINE FMV N/A LINE 20

Form 990-T (2018) UNIVERSITY OF	WISCONSIN	POLINIDA M LON				39-074397	Page
Schedule A - Cost of Goods			on W	aluation >		33-074337	-
	J J	mediod of invent					•
1 Inventory at beginning of year	1		1	Inventory at end of year			6
2 Purchases	2		'	Cost of goods sold. S			-
3 Cost of labor	3		ł	from line 5. Enter here	and in F	art I,	
4a Additional section 263A costs				line 2		Ļ	7
(attach schedule)	4a		8	Do the rules of section	•	•	Yes No
 Other costs (attach schedule) 	4b		ļ	property produced or a	acquired	for resale) apply to	
5 Total, Add lines 1 through 4b	5		<u> </u>	the organization?			
Schedule C - Rent Income ((see instructions)	From Real	Property and	Pers	sonal Property L	.ease	d With Real Prope	rty)
Description of property							.=
(1) NORTH BEACH PROPERTY							
(2)						.	
(3)	·	<u> </u>					
(4)						T	·-··
		ed or accrued				3(a) Deductions directly of	onnected with the income in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(1)	0.			410	652.		0
(2)							
(3)							
(4)							
Total	0.	Total		410	652.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		410	652.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0
Schedule E - Unrelated Deb		Income (see)	nstru	ctions)		1 & t 1, 1110 0, 00,000 (D)	
		111001110 (3001		. Gross income from		3. Deductions directly conne	
1. Description of debt-fin	anced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		<u>-</u>					
(2)						 -	
(3)	• •						
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

Totals

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Employer Identification number

ENTITY

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

	UNIVERSITY OF WISCONSIN FOUNDATION	UNIVERSITY OF WISCONSIN FOUNDATION						
	Inrelated business activity code (see instructions) > 900002							
	Describe the unrelated trade or business RENTAL INCOME	FROM	BEACH PROPERTY					
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net		
1 a	Gross receipts or sales				\Box			
b	Less returns and allowances c Balance ▶	1c			—			
2	Cost of goods sold (Schedule A, line 7)	2			-			
3	Gross profit Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			 			
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5		 	\dashv			
6	Rent income (Schedule C)	6	410,652.		\dashv	410,652.		
7	Unrelated debt-financed income (Schedule E)	7			\dashv	<u> </u>		
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8				-		
9	Investment income of a section 501(c)(7), (9), or (17)					•		
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11			\dashv			
12	Other income (See instructions, attach schedule)	12	410.650		\dashv	410 (52		
<u>13</u>	Total. Combine lines 3 through 12	13	410,652.	···-		410,652.		
_	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the understand the connected with the understand the connected with the understand the connected with the connec			ie.)	14			
14	Compensation of officers, directors, and trustees (Schedule K)			<u> </u>	15			
15	Salaries and wages			<u> </u>	16			
16 17	Repairs and maintenance			├	17			
17	Bad debts			 	18			
18 19	Interest (attach schedule) (see instructions) Taxes and licenses				19			
20	Charitable contributions (See instructions for limitation rules)			 	20			
21	Depreciation (attach Form 4562)		21	-				
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	2	22b			
23	Depletion		[224]		23	····		
24	Contributions to deferred compensation plans				24			
25	Employee benefit programs				25			
26	Excess exempt expenses (Schedule I)			<u> </u>	26			
27	Excess readership costs (Schedule J)				27	····		
28	Other deductions (attach schedule)			<u> </u>	28			
29	Total deductions. Add lines 14 through 28			•	29	0.		
30	Unrelated business taxable income before net operating loss deductions	ction S	Subtract line 29 from line		30	410,652.		
31	Deduction for net operating loss arising in tax years beginning on o				\neg			
	instructions)		, ., ,	-	31			
32	Unrelated business taxable income Subtract line 31 from line 30				32	410,652.		

39-0743975

Schedule J - Advertising Income (see instructions)

Part I	Income From	Periodi	icals Repor	rted on a C	Consolidate	d Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			,1			
(2)			-			The same management of supprisons and anti-
(3)						
(4) STATEMENT 8	329,416.	141,822.			1145456.	
Fotals (carry to Part II, line (5))	329,416.	141,822.	187,594.		1,145,456.	187,594
Part II Income From Perio	dicals Reporte	ed on a Separ	ate Basis _{(For eac}	ch periodical listed	in Part II, fill in	
columns 2 through 7 on a	line-by-line basis.)	ı		<u> </u>		
columns 2 through 7 on a	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1. Name of periodical	2. Gross advertising	3. Direct	or (loss) (col 2 minus col 3) If a gain, compute			costs (column 6 minus column 5, but not more
Name of periodical	2. Gross advertising	3. Direct	or (loss) (col 2 minus col 3) If a gain, compute			costs (column 6 minus column 5, but not more
1. Name of periodical (1) (2)	2. Gross advertising	3. Direct	or (loss) (col 2 minus col 3) If a gain, compute			costs (column 6 minus column 5, but not more
1. Name of periodical (1) (2) (3)	2. Gross advertising	3. Direct	or (loss) (col 2 minus col 3) If a gain, compute			costs (column 6 minus column 5, but not more
1. Name of periodical (1) (2) (3) (4)	2. Gross advertising	3. Direct	or (loss) (col 2 minus col 3) If a gain, compute			costs (column 6 minus column 5, but not more than column 4)
1. Name of periodical (1) (2) (3) (4)	2. Gross advertising income	3. Direct advertising costs	or (loss) (col 2 minus col 3) If a gain, compute	income	costs	costs (column 6 minus column 5, but not more

FORM 990-T (M) SCHEDULE J	- INCOME FROM PERIODICALSREPORTED STATEMENT 8 ON A CONSOLIDATED BASIS						
NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS			
ON WISCONSIN	176,196.	106,168.		997,637.			
BADGER INSIDER	32,825.	15,766.		76,287.			
FORWARD UNDER FORTY	10,700.	10,219.		55,395.			
TRAVEL CATALOG	3,750.	4,258.		16,137.			
ONLINE BANNERS	84,950.	5,411.					
OTHER	20,995.	0.					
TO FM 990-T, SCH J, PART I	329,416.	141,822.		1,145,456.			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

_
1545-0687
1343-0007

ENTITY

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization UNIVERSITY OF WISCONSIN FOUNDATION	N		Employer ident		ion number
	Inrelated business activity code (see instructions) 541800					
		INCOME	E IN ALUMNI PUBLICAT	TIONS AND ONLI	NE	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					
ь	Less returns and allowances c Balance	<u>1c</u>				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a	ļ			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach		}			
	statement)	5		· · · · · · · · · · · · · · · · · · ·		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				Y
8	Interest, annuities, royalties, and rents from a controlled	1				
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10	200 446	444.0		107.504
11	Advertising income (Schedule J)	11	329,416.	141,8	322.	187,594.
12	Other income (See instructions, attach schedule)	12	222 446			107.504
13	Total. Combine lines 3 through 12	13	329,416.	141,8	22.	187,594.
	deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the					or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			-	14	
15	Salaries and wages			-	15	
16	Repairs and maintenance			F	16	<u> </u>
17	Bad debts			F	17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses			-	19	
20	Charitable contributions (See instructions for limitation rules)		ا مو ا	-	20	<u></u>
21	Depreciation (attach Form 4562)	_	21		22b	
22	Less depreciation claimed on Schedule A and elsewhere on retui	n	22a			·
23 24	Depletion Contributions to deferred compensation plans			<u> </u>	23 24	
24 25	Contributions to deferred compensation plans Employee benefit programs			-	25	
25 26	Excess exempt expenses (Schedule I)			<u> </u>	26	
20 27						187,594.
2 <i>1</i> 28	Other deductions (attach schedule)					,
29	Total deductions, Add lines 14 through 28					187,594.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				29 30	0.
31	Deduction for net operating loss arising in tax years beginning on			`` `		
	instructions)			-	31	
32	Unrelated business taxable income Subtract line 31 from line 30			ľ	32	

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

UNIVERSITY OF WISCONSIN FOUNDATION

39-0743975

■Part I Short-Term Capital Gains and Losses (See instructions.)							
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	1	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8949, Part I, line 2, column (g)		column (e) from column (d) and combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on			<u> </u>				
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked	22,609.				22,609.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4			
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach computa	ition)			6	(
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	h		7	22,609.		
I Partill Long-Term Capital Gain	ns and Losses (See I	nstructions.)					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. (d) Proceeds (sales price) (d) Proceeds (cost (cost pasis) (or other basis) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)					(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				,			
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked	40,437.				40,437.		
11 Enter gain from Form 4797, line 7 or 9				11	1,294,708.		
12 Long-term capital gain from installment sales	12						
13 Long-term capital gain or (loss) from like-kind	13 14						
14 Capital gain distributions	1 225 145						
15 Not long term capital gain or (loss). Combine lines 8a through 14 in column h 15 1, 335, 145. Part IIII Summary of Parts I and II							
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 22,609.							
17 Net capital gain. Enter excess of net long-term	17	1,335,145.					
18 Add lines 16 and 17. Enter here and on Form		·	<i>'</i>	18	1,357,754.		
Note: If losses exceed gains, see Capital loss		•	•				
•							

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

JWA

Form

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

	UNIVERSITY OF WISCONS	SIN FOUNDATIO	N				39-0	743975
stat	ore you check Box A, B, or C beli tement will have the same informa ker and may even tell you which I	ation as Form 109	you received any 99-B Either will s	/ Form(s) 1099-B o show whether your	r substitute statem basis (usually you	ent(s) from r cost) was	your broker A su reported to the IR	bstitute S by your
	art I Short-Term. Transact transactions, see page 2 Note: You may aggregate al	ions involving capit						ustments or
_	codes are required. Enter the	totals directly on S	Schedule D, line 1a	ı, you aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions)
	must check Box A, B, or C below. on the short-term transactions than will (A) Short-term transactions rep. (B) Short-term transactions rep.	ll fit on this page for on ported on Form(s	e or more of the buxes s) 1099-B showin	s, complete as many form g basis was report	is with the same box che ted to the IRS (see	cked as you n	beed	each applicable box
X	(C) Short-term transactions no	t reported to you	on Form 1099-l	В				
1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
CAI	PITAL GAIN/LOSS -							
PAI	RTNERSHIPS	VARIOUS	VARIOUS	22,609.				22,609.
	····							
	,							
								-
_								
		-						
					-			
	·							
_	_							
		ļ						
	Totals. Add the amounts in colur		* * *					
	negative amounts). Enter each to		<u>.</u>					
;	Schedule D, line 1b (If Box A abo	•		22,609.				22,609.
	above is checked), or line 3 (if B	ox C above is ch	ieckea) 📂	1 44,003.	i			1 22,000.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

UNIVERSITY OF WISCONSIN FOUNDATION

39-0743975

Before you check Box D, E, or F below, see whether you re	eceived any Form(s)	1099-B or substitute s	statement(s) from y	our broker A substitute
statement will have the same information as Form 1099-B	Either will show whi	ether your basis (usuai	lly your cost) was i	reported to the IRS by your
broker and may even tell you which box to check			· ·	

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions,

see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

Description of property (Example 100 sh. XYZ Co.)	Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo, day, yr)	Proceeds (sales price)	Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If y in column	ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
CAPITAL GAIN/LOSS -							
PARTNERSHIPS	VARIOUS	VARIOUS	40,437.				40,437.
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				-			
				1			
					<u> </u>		
				1			
2 Totals. Add the amounts in colu	umns (d), (e), (a), a	nd (h) (subtract		1	Ì		
negative amounts). Enter each t							
Schedule D, line 8b (If Box D al		-					
above is checked), or line 10 (if			40,437.				40,437.
			· · · · · · · · · · · · · · · · · · ·	·		•	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.