

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7974 UW HEALTH COURT

City or town, state or province, country, and ZIP or foreign postal code
MIDDLETON, WI 53562

F Name and address of principal officer:
ALAN KAPLAN MD
7974 UW HEALTH COURT
MIDDLETON, WI 53562

D Employer identification number
39-1824445

E Telephone number
(608) 265-7131

G Gross receipts \$ 993,954,234

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.UWHEALTH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1996

M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION (UWMF) SUPPORTS THE TEACHING, RESEARCH AND SERVICE MISSIONS OF THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH BY PROMOTING THE DELIVERY OF EXCELLENT AND INNOVATIVE PATIENT CARE BY FACULTY AND STAFF WHO SERVE LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL POPULATIONS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5,066
6 Total number of volunteers (estimate if necessary)	6	4
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,308,898
b Net unrelated business taxable income from Form 990-T, line 34	7b	749,810

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	110,594,924	138,204,587
9 Program service revenue (Part VIII, line 2g)	823,831,517	832,179,791
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,476,219	4,052,468
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,562,596	2,974,437
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	976,465,256	977,411,283
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,154,517	98,412,019
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	581,220,486	609,565,590
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	258,759,151	283,140,373
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	908,134,154	991,117,982
19 Revenue less expenses. Subtract line 18 from line 12	68,331,102	-13,706,699
Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	561,949,168	553,569,914
21 Total liabilities (Part X, line 26)	217,958,406	207,330,548
22 Net assets or fund balances. Subtract line 21 from line 20	343,990,762	346,239,366

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: *****
Date: 2020-06-09
ROBERT W FLANNERY SVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01247672
Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 1 S WACKER DRIVE STE 800 CHICAGO, IL 60606			Phone no. (312) 634-3400	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION (UWMF) SUPPORTS THE TEACHING, RESEARCH AND SERVICE MISSIONS OF THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH BY PROMOTING THE DELIVERY OF EXCELLENT AND INNOVATIVE PATIENT CARE BY FACULTY AND STAFF WHO SERVE LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL POPULATIONS.

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 \$ 131,827,678 including grants of \$ 36,122,480) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 56,079,602 including grants of \$ 56,079,602) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 778,996,049 including grants of \$ 5,361,336) (Revenue \$ 832,179,791)
See Additional Data

(Code:) (Expenses \$ 848,601 including grants of \$ 848,601) (Revenue \$ 0)
OTHER PROGRAM REVENUE AND EXPENSES ALLOCATED TO PROVIDE MEDICAL EDUCATION FOR THE BENEFIT OF AND IN SUPPORT OF THE PURPOSE OF THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 848,601 including grants of \$ 848,601) (Revenue \$ 0)

4e Total program service expenses ▶ 967,751,930

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	5,066			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (4); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (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? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] 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: ROBERT W FLANNERY SVPFCO 7974 UW HEALTH COURT MIDDLETON, WI 53562 (608) 265-7131

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

(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			
(1) JENNIFER ALEXANDER DIRECTOR	1.00 0.00	X						0	0	0
(2) RONALD ANDERSON DIRECTOR	1.00 0.00	X						0	0	0
(3) DEB ARCHER DIRECTOR (AS OF 1/1/19)	1.00 0.00	X						0	0	0
(4) PATRICIA BRADY DIRECTOR	1.00 0.00	X						0	0	0
(5) SANDRA KAMNETZ MD DIRECTOR	1.00 39.00	X						202,108	110,930	50,611
(6) STEPHEN NAKADA MD DIRECTOR	1.00 39.00	X						659,311	223,458	56,457
(7) RICHARD PAGE MD DIRECTOR (UNTIL 9/30/18)	1.00 39.00	X						448,063	128,400	56,093
(8) J CARTER RALPHE MD DIRECTOR	1.00 39.00	X						220,016	114,590	43,955
(9) LAUREL RICE MD DIRECTOR	1.00 39.00	X						544,634	173,349	56,457
(10) DEBORAH RUSY MD MBA DIRECTOR	1.00 39.00	X						371,603	76,031	55,084
(11) ELIZABETH TROWBRIDGE MD DIRECTOR	1.00 39.00	X						209,885	130,913	53,334
(12) TERRY YOUNG MD MBA DIRECTOR	1.00 39.00	X						445,228	188,580	56,457
(13) THOMAS ZDEBLICK MD DIRECTOR (AS OF 10/1/18)	1.00 39.00	X						788,909	186,895	55,567
(14) ALAN KAPLAN MD CHAIRMAN OF THE BOARD	1.00 39.00	X		X				0	1,659,294	55,703
(15) NIZAR JARJOUR MD PRESIDENT	39.00 1.00	X		X				375,581	294,178	55,084
(16) ROBERT FLANNERY CAO	40.00 39.00	X		X				803,511	0	69,218
(17) KELSIE DOTY CAO	40.00 39.00	X		X				237,230	0	52,030

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

(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			
(18) THERESA HOTTENROTH SECRETARY	40.00			X				197,475	0	45,386
(19) JODI VITELLO TREASURER	1.00 39.00			X				0	317,013	48,150
(20) PETER NEWCOMER MEDICAL DIRECTOR	1.00 39.00				X			664,760	109,130	58,857
(21) GEOFFREY S BAER MD PHD PHYSICIAN	39.00 1.00					X		1,388,725	61,666	55,084
(22) MUSTAFA BASKAYA MD PHYSICIAN	39.00 1.00					X		1,106,070	83,556	55,084
(23) SAMUEL POORE PHYSICIAN	39.00 1.00					X		1,091,527	51,937	55,084
(24) DAVID NIEMANN MD PHYSICIAN	39.00 1.00					X		1,046,222	57,194	55,084
(25) NILTO C DE OLIVEIRA MD PHYSICIAN	39.00 1.00					X		1,209,953	36,545	55,084
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								12,010,811	4,003,659	1,143,863

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,467

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WEATHERBY LOCUMS INC PO BOX 972633 DALLAS, TX 75397	PHYSICIAN LOCUMS	1,379,074
EPIC SYSTEMS CORP PO BOX 88314 MILWAUKEE, WI 53288	HEALTH RECORD CONSULTING	1,314,341
ENVIRONMENTAL CONTROL OF WISCONSIN INC 2902 AGRICULTURE DR MADISON, WI 53718	CUSTODIAL SERVICES	1,311,579
COMPHEALTH INC PO BOX 972651 DALLAS, TX 75397	PHYSICIAN LOCUMS	1,192,387
APEX PRINT TECHNOLOGIES PO BOX 9201 MINNEAPOLIS, MN 55480	PRINTING	865,820

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 ▶ 133

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	138,204,587				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f: \$ _____						
	h Total. Add lines 1a-1f			138,204,587			
Program Service Revenue			Business Code				
	2a PATIENT SERVICES		621111	570,344,592	570,344,592		
	b PREMIUM REVENUE		900099	228,890,000	228,890,000		
	c _____						
	d _____						
	e _____						
	f All other program service revenue.			32,945,199	29,116,570	3,828,629	
	9 Total. Add lines 2a-2f			832,179,791			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,572,864		249,266	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		2,816,524					
		b Less: rental expenses	22,555				
		c Rental income or (loss)	2,793,969				
	d Net rental income or (loss)			2,793,969		231,003	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		15,000,000					
		b Less: cost or other basis and sales expenses	16,483,826	36,570			
		c Gain or (loss)	-1,483,826	-36,570			
	d Net gain or (loss)			-1,520,396		-1,520,396	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
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			180,468			180,468	
e Total. Add lines 11a-11d			180,468				
12 Total revenue. See Instructions.			977,411,283	828,351,162	4,308,898	6,546,636	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	98,412,019	98,412,019		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,043,713	3,817,340	2,226,373	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	528,391,823	510,327,111	18,064,712	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,375,829	14,375,829		
9 Other employee benefits	37,611,254	37,611,254		
10 Payroll taxes	23,142,971	23,142,971		
11 Fees for services (non-employees):				
a Management	14,859,744	12,824,896	2,034,848	
b Legal	105,299		105,299	
c Accounting	129,180		129,180	
d Lobbying	99,085		99,085	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,881,954	28,881,954		
12 Advertising and promotion	1,216,672	1,216,672		
13 Office expenses	2,982,006	2,982,006		
14 Information technology	2,357,160	2,357,160		
15 Royalties				
16 Occupancy	22,947,516	22,947,516		
17 Travel	389,413	389,413		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,246,675	5,246,675		
20 Interest	706,555		706,555	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,350,350	7,350,350		
23 Insurance	2,559,443	2,559,443		
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 REIMB. OF MED SCHOOL EX	123,574,248	123,574,248		
b DRUGS AND PATIENT CARE	44,712,718	44,712,718		
c BAD DEBT EXPENSE	9,095,904	9,095,904		
d				
e All other expenses	15,926,451	15,926,451		
25 Total functional expenses. Add lines 1 through 24e	991,117,982	967,751,930	23,366,052	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing		1		
	2 Savings and temporary cash investments	124,669,928	2	132,183,677	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	90,400,711	4	97,661,176	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	3,955,241	8	4,070,495	
	9 Prepaid expenses and deferred charges	41,926,651	9	21,106,755	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	156,698,012			
	b Less: accumulated depreciation	91,742,335	79,929,033	10c	64,955,677
	11 Investments—publicly traded securities	173,310,040	11	167,792,483	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11	47,665,390	13	65,799,651	
	14 Intangible assets	92,174	14	0	
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	561,949,168	16	553,569,914		
Liabilities	17 Accounts payable and accrued expenses	184,568,406	17	150,240,548	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	31,390,000	20	28,090,000	
	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		23		
	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	2,000,000	25	29,000,000	
	26 Total liabilities. Add lines 17 through 25	217,958,406	26	207,330,548	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	343,990,762	27	346,239,366	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	343,990,762	33	346,239,366	
	34 Total liabilities and net assets/fund balances	561,949,168	34	553,569,914	

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	977,411,283
2	Total expenses (must equal Part IX, column (A), line 25)	2	991,117,982
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,706,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	343,990,762
5	Net unrealized gains (losses) on investments	5	6,702,571
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-45
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,252,777
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	346,239,366

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-1824445

Name: UNIVERSITY OF WISCONSIN MEDICAL
FOUNDATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

FUNDING PROVIDED TO SUPPORT THE TEACHING/ACADEMIC MISSION AND SUPPORT THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH.

Form 990, Part III, Line 4b:

FUNDING ALLOCATED TO PROVIDE MEDICAL RESEARCH FOR THE BENEFIT OF, AND IN SUPPORT OF, THE PURPOSE OF THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH.

Form 990, Part III, Line 4c:

FUNDING ALLOCATED TO PROVIDE HEALTHCARE FOR THE BENEFIT OF, AND IN SUPPORT OF, THE PURPOSE OF THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH. DELIVERY OF PATIENT CARE SERVING LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL POPULATIONS.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION INC

Employer identification number
39-1824445

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
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). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	57,193,313	78,422,871	96,330,345	110,594,924	138,204,587	480,746,040
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 . . .	700,536,394	713,369,590	750,377,423	817,469,698	828,351,162	3,810,104,267
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	757,729,707	791,792,461	846,707,768	928,064,622	966,555,749	4,290,850,307
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b. . . .						0
8 Public support. (Subtract line 7c from line 6.)						4,290,850,307

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . . .	757,729,707	791,792,461	846,707,768	928,064,622	966,555,749	4,290,850,307
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,735,997	6,358,434	6,320,733	7,826,122	7,912,005	35,153,291
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . .						
c Add lines 10a and 10b. . . .	6,735,997	6,358,434	6,320,733	7,826,122	7,912,005	35,153,291
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . .					750,810	750,810
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	138,579	266,645	283,859	299,869	236,359	1,225,311
13 Total support. (Add lines 9, 10c, 11, and 12.)	764,604,283	798,417,540	853,312,360	936,190,613	975,454,923	4,327,979,719

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.140 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	99.040 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.810 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.920 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER NON-PROGRAM REVENUE - 2014 AMOUNT: \$ 138,579. 2015 AMOUNT: \$ 266,645. 2016 AMOUNT: \$ 283,859. 2017 AMOUNT: \$ 299,869. 2018 AMOUNT: \$ 236,359.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION INC	Employer identification number 39-1824445
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		99,085
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			99,085
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	REPRESENTS THE PORTION OF THE DUES PAID TO STATE AND NATIONAL MEDICAL SOCIETIES FOR LOBBYING TOTALING \$99,085.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION INC

Employer identification number
39-1824445

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,959,113		7,959,113
b Buildings		75,327,504	32,560,970	42,766,534
c Leasehold improvements		14,117,137	8,414,337	5,702,800
d Equipment		59,294,258	50,767,028	8,527,230
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				64,955,677

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) WISCONSIN SLEEP, INC.	1,443,017	C
(2) GENERATIONS FERTILITY CARE, INC.	595,978	C
(3) MADISON SURGERY CENTER	5,052,894	C
(4) MERITER PHYSICIAN CONTRACTING	24,844	C
(5) WISCONSIN DIALYSIS, INC.	1,522,224	C
(6) TRANSFORMATION SURGERY CENTER, INC.	1,616,742	C
(7) UNIVERSITY HEALTH CARE, INC.	36,260,736	C
(8) CHARTWELL WISCONSIN ENTERPRISES, LLC	6,160,693	C
(9) MADISON MEDICAL CENTER	13,122,523	C
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	65,799,651	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO UW FOUNDATION	29,000,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	29,000,000

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	818,024,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,702,574
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,252,777
e	Add lines 2a through 2d	2e	15,955,351
3	Subtract line 2e from line 1	3	802,068,649
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	175,342,634
c	Add lines 4a and 4b	4c	175,342,634
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	977,411,283

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	815,775,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	815,775,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	175,342,982
c	Add lines 4a and 4b	4c	175,342,982
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	991,117,982

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1824445
Name: UNIVERSITY OF WISCONSIN MEDICAL
FOUNDATION INC

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) WISCONSIN SLEEP, INC.	1,443,017	C
(2) GENERATIONS FERTILITY CARE, INC.	595,978	C
(3) MADISON SURGERY CENTER	5,052,894	C
(4) MERITER PHYSICIAN CONTRACTING	24,844	C
(5) WISCONSIN DIALYSIS, INC.	1,522,224	C
(6) TRANSFORMATION SURGERY CENTER, INC.	1,616,742	C
(7) UNIVERSITY HEALTH CARE, INC.	36,260,736	C
(8) CHARTWELL WISCONSIN ENTERPRISES, LLC	6,160,693	C
(9) MADISON MEDICAL CENTER	13,122,523	C

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	EQUITY IN EARNINGS OF JOINT VENTURES 9,252,777.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTED REVENUE PRESENTED NET OF EXPENSE 138,204,587. PROGRAM SERVICE REVENUE PRESENTED NET OF EXPENSE 27,623,924. BAD DEBT EXPENSE 9,095,904. FASB TO GASB CONVERSION 418,219.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTED REVENUE PRESENTED NET OF EXPENSE 138,204,587. PROGRAM SERVICE REVENUE PRESENTED NET OF EXPENSE 27,624,272. BAD DEBT EXPENSE 9,095,904. FASB TO GASB CONVERSION 418,219.

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION INC

Employer identification number

39-1824445

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE GRANT SCHEDULE FOR UW SCHOOL OF MEDICINE IS BASED ON AN AGREEMENT AT A FIXED AMOUNT. UWMF MAKES A CONTRIBUTION TO UW FOUNDATION FOR R&D BASED ON AGREED UPON LEVELS OF FUNDING. UNIVERSITY HEALTHCARE INC. SUPPORT IS BASED ON THEIR ANNUAL SUPPORT.

Additional Data

Software ID:
Software Version:
EIN: 39-1824445
Name: UNIVERSITY OF WISCONSIN MEDICAL
FOUNDATION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS COMMUNITY HEALTH CENTER 2202 PARK STREET MADISON, WI 53713	39-1391134	501(C)(3)	755,217	0			SUPPORT FUNCTIONS OF THE ORGANIZATION
AMERICAN HEART ASSOCIATION INC 2850 DAIRY DRIVE STE 300 MADISON, WI 53718	13-5613797	501(C)(3)	6,000	0			SUPPORT FUNCTIONS OF THE ORGANIZATION

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
JUVENILE DIABETES RESEARCH FOUNDATION 434 S YELLOWSTONE DRIVE STE 201 MADISON, WI 53719	23-1907729	501(C)(3)	9,500	0			SUPPORT FUNCTIONS OF THE ORGANIZATION
ORTHOPAEDIC RESEARCH AND EDUCATION FOUNDATION 6300 N RIVER ROAD STE 700 ROSEMONT, IL 60019	36-6009467	501(C)(3)	33,000	0			SUPPORT FUNCTIONS OF THE ORGANIZATION

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 HEALTH CARE INC 301 S WESTFIELD ROAD STE 250 MADISON, WI 53717	39-1446049	501(C)(3)	1,726,938	0			SUPPORT FOR CONTRACT MANAGEMENT
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53708	39-0743975	501(C)(3)	56,094,852	0			RESEARCH SUPPORT

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
UW HOUSE STAFF ASSOCIATION PO BOX 45373 MADISON, WI 53744	54-0162532	501(C)(3)	11,500	0			SUPPORT FUNCTIONS OF THE ORGANIZATION
UW SCHOOL OF MEDICINE AND PUBLIC HEALTH 750 HIGHLAND AVENUE MADISON, WI 53705	39-6006492	STATE OF WISCONSIN	36,122,480	0			SUPPORT FUNCTIONS OF THE MEDICAL SCHOOL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN WOMEN'S HEALTH FOUNDATION 2503 TODD DRIVE MADISON, WI 53713	39-1900678	501(C)(3)	7,500	0			SUPPORT FUNCTIONS OF THE ORGANIZATION
AMERICAN LIVER FOUNDATION 1845 N FARWELL AVENUE STE 312 MILWAUKEE, WI 53202	36-2883000	501(C)(3)	7,250	0			SUPPORT FUNCTIONS OF THE ORGANIZATION

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
ARNOLD P GOLD FOUNDATION 619 E PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632	22-3052098	501(C)(3)	7,000	0			SUPPORT FUNCTIONS OF THE ORGANIZATION
CHILDRENS THEATER OF MADISON 228 STATE STREET MADISON, WI 53703	39-1579813	501(C)(3)	5,134	0			SUPPORT FUNCTIONS OF THE ORGANIZATION

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
RAINBOW PROJECT 831 E WASHINGTON AVENUE MADISON, WI 53703	39-1422626	501(C)(3)	6,500	0			SUPPORT FUNCTIONS OF THE ORGANIZATION

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF WISCONSIN MEDICAL
FOUNDATION INC

Employer identification number
39-1824445

Part I Questions Regarding Compensation

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

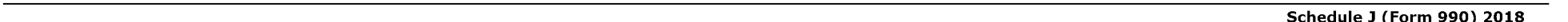
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	UWMF REIMBURSES CHAIRS AND THE DEAN OF THE MEDICAL SCHOOL FOR THE BUSINESS USE OF THEIR SOCIAL CLUB DUES. AS A BUSINESS EXPENSE, AMOUNTS ARE NOT TAXABLE.

Return Reference	Explanation
PART I, LINE 4B	UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION PROVIDES CERTAIN EXECUTIVES DISCLOSED ON FORM 990, PART VII AND SCHEDULE J, PART II A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. AMOUNTS ARE CREDITED TO EACH PARTICIPANTS' ACCOUNTS EACH YEAR. PLAN AMOUNTS ARE SUBJECT TO FORFEITURE OR PAYMENT ONLY IF CERTAIN CONDITIONS ARE MET, AS OUTLINED IN THE PLAN AGREEMENT. NO AMOUNTS BECAME VESTED OR WERE PAID IN CALENDAR YEAR 2018.



Additional Data

Software ID:
Software Version:
EIN: 39-1824445
Name: UNIVERSITY OF WISCONSIN MEDICAL
 FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SANDRA KAMNETZ MD DIRECTOR	(i)	202,108	0	0	50,527	84	252,719	0
	(ii)	110,930	0	0	0	0	110,930	0
STEPHEN NAKADA MD DIRECTOR	(i)	659,311	0	0	55,000	1,457	715,768	0
	(ii)	223,458	0	0	0	0	223,458	0
RICHARD PAGE MD DIRECTOR (UNTIL 9/30/18)	(i)	448,063	0	0	55,000	1,093	504,156	0
	(ii)	128,400	0	0	0	0	128,400	0
J CARTER RALPHE MD DIRECTOR	(i)	220,016	0	0	43,871	84	263,971	0
	(ii)	114,590	0	0	0	0	114,590	0
LAUREL RICE MD DIRECTOR	(i)	544,634	0	0	55,000	1,457	601,091	0
	(ii)	173,349	0	0	0	0	173,349	0
DEBORAH RUSY MD MBA DIRECTOR	(i)	371,603	0	0	55,000	84	426,687	0
	(ii)	76,031	0	0	0	0	76,031	0
ELIZABETH TROWBRIDGE MD DIRECTOR	(i)	207,563	0	2,322	52,011	1,323	263,219	0
	(ii)	130,913	0	0	0	0	130,913	0
TERRY YOUNG MD MBA DIRECTOR	(i)	445,228	0	0	55,000	1,457	501,685	0
	(ii)	188,580	0	0	0	0	188,580	0
THOMAS ZDEBLICK MD DIRECTOR (AS OF 10/1/18)	(i)	788,909	0	0	55,000	567	844,476	0
	(ii)	186,895	0	0	0	0	186,895	0
ALAN KAPLAN MD CHAIRMAN OF THE BOARD	(i)	0	0	0	0	0	0	0
	(ii)	1,233,433	419,370	6,491	21,725	33,978	1,714,997	0
NIZAR JARJOUR MD PRESIDENT	(i)	375,581	0	0	55,000	84	430,665	0
	(ii)	294,178	0	0	0	0	294,178	0
ROBERT FLANNERY CAO	(i)	644,971	152,431	6,109	35,856	33,362	872,729	0
	(ii)	0	0	0	0	0	0	0
KELSIE DOTY CAO	(i)	196,728	38,061	2,441	29,909	22,121	289,260	0
	(ii)	0	0	0	0	0	0	0
THERESA HOTTENROTH SECRETARY	(i)	193,795	0	3,680	23,952	21,434	242,861	0
	(ii)	0	0	0	0	0	0	0
JODI VITELLO TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	265,010	50,632	1,371	21,310	26,840	365,163	0
PETER NEWCOMER MEDICAL DIRECTOR	(i)	664,760	0	0	55,000	3,857	723,617	0
	(ii)	109,130	0	0	0	0	109,130	0
GEOFFREY S BAER MD PHD PHYSICIAN	(i)	1,388,725	0	0	55,000	84	1,443,809	0
	(ii)	61,666	0	0	0	0	61,666	0
MUSTAFA BASKAYA MD PHYSICIAN	(i)	1,106,070	0	0	55,000	84	1,161,154	0
	(ii)	83,556	0	0	0	0	83,556	0
SAMUEL POORE PHYSICIAN	(i)	1,091,527	0	0	55,000	84	1,146,611	0
	(ii)	51,937	0	0	0	0	51,937	0
DAVID NIEMANN MD PHYSICIAN	(i)	1,046,222	0	0	55,000	84	1,101,306	0
	(ii)	57,194	0	0	0	0	57,194	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NILTO C DE OLIVEIRA MD PHYSICIAN	(i)	1,209,953	0	0	55,000	84	1,265,037	0
	(ii)	----- 36,545	----- 0	----- 0	----- 0	----- 0	----- 36,545	----- 0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

UNIVERSITY OF WISCONSIN MEDICAL
FOUNDATION INC

Employer identification number

39-1824445

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS THE UNIVERSITY OF WISCONSIN HOSPITALS AND CLINICS AUTHORITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER OF THE ORGANIZATION HAS THE OVERALL RIGHTS TO GOVERN, DIRECT, AND OVERSEE THE PROPERTY, FUNDS, BUSINESS, AND AFFAIRS OF THE ORGANIZATION EXCEPT WHEN RESERVED TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS COMPLETED BY THE ORGANIZATION'S EXTERNAL ACCOUNTING FIRM. UPON COMPLETION, THE PROGRAM DIRECTOR OF FINANCIAL REPORTING REVIEWS THE RETURN AND WORKPAPERS. ONCE THAT IS COMPLETE, THE RETURN IS THEN FORWARDED TO THE SR. VP/CFO AND VP OF FINANCE FOR REVIEW. WHEN ALL REVIEWERS HAVE DETERMINED THAT FORM 990 IS COMPLETE AND ACCURATE, THE RETURN IS PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS. AFTER THEY HAVE HAD TIME TO REVIEW, THE RETURN IS SUBMITTED FOR FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE COMPLIANCE AND LEGAL DEPARTMENT REVIEWS CONFLICT OF INTEREST FORMS. IF POTENTIAL CONFLICTS ARE FOUND, THERE IS A DISCUSSION BETWEEN LEGAL SERVICES, THE CAO, AND THE INDIVIDUAL. THE COMPLIANCE DEPARTMENT ISSUES QUESTIONNAIRES ANNUALLY AND THERE IS 100% COMPLIANCE IN RESPONDING. IF THERE IS A CONFLICT, THE FIX IS TO RECUSE ONESELF FROM ANY VOTE. IF IT IS A SENSITIVE MATTER, THE FIX IS TO RECUSE ONESELF FROM THE DISCUSSION AND THE VOTE. THE CONFLICT OF INTEREST POLICY PROVIDES A PROCESS FOR BOTH VOLUNTARY AND INVOLUNTARY RECUSAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>A COMPENSATION REVIEW COMMITTEE (CRC) HAS BEEN ESTABLISHED. THE COMMITTEE SHALL CONSIST EXCLUSIVELY OF THE PUBLIC DIRECTORS. THE CRC SHALL ACT IN ACCORDANCE WITH THE FOUNDATION'S COMPENSATION PRINCIPLES AND POLICY. THE COMMITTEE SHALL MAKE FINAL DECISIONS ON SUCH MATTERS AFTER SATISFYING ITSELF THAT THE STANDARDS SET IN THE FOUNDATION'S COMPENSATION PRINCIPLES AND POLICY HAVE BEEN MET. THE COMMITTEE MAY REQUEST ADDITIONAL DATA OR INFORMATION PRIOR TO APPROVING MATTERS WITHIN ITS JURISDICTION. THE CRC SHALL TAKE FINAL ACTION TO APPROVE OR DISAPPROVE ALL FOUNDATION AND DEPARTMENTAL COMPENSATION FORMULAE AND POLICY. THE COMMITTEE ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO REVIEW PHYSICIAN COMPENSATION. OUTLIERS IDENTIFIED ARE SUBSTANTIATED. A PRESENTATION IS MADE TO THE CRC FOR APPROVAL. EXECUTIVE COMPENSATION IS BASED ON COMPARATIVE DATA WITH LIKE POSITIONS WITHIN THE MARKET. THE COMPENSATION FOR PRESIDENT, CAO, AND ALL VICE PRESIDENTS IS PRESENTED TO THE COMPENSATION COMMITTEE ANNUALLY. THIS COMMITTEE IS COMPRISED OF THE UWMF'S PUBLIC BOARD MEMBERS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS, BYLAWS, ARTICLES, CONFLICT OF INTEREST POLICIES, TAX RETURNS, AND FORM 1023 ARE AVAILABLE UPON REQUEST FROM THE CORPORATE OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REVENUE FROM UNCONSOLIDATED ENTITIES 9,252,777.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF WISCONSIN MEDICAL
FOUNDATION INC

Employer identification number

39-1824445

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

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THREE RIVERS PARTNERS LLC 1313 EAST STATE STREET ROCKFORD, IL 61104 26-2231757	INFORMATION TECHNOLOGY SERVICES	IL	N/A	N/A				No			No	
(2) NORTHERN ILLINOIS VEIN CLINIC 2550 CHARLES STREET ROCKFORD, IL 61108 20-1642329	OUTPATIENT HEALTH SERVICES	IL	N/A	N/A				No			No	
(3) CHARTWELL WISCONSIN ENTERPRISES LLC 2241 PINEHURST DRIVE MIDDLETON, WI 53562 39-1796267	PARENT ENTITY OF CMW AND CMW-HR	WI	N/A	N/A				No			No	
(4) MADISON MEDICAL CENTER LLP 7974 UW HEALTH COURT MIDDLETON, WI 53562 39-1329429	REAL ESTATE	WI	N/A	N/A				No			No	
(5) SIXTH STREET MEDICAL LLC 7974 UW HEALTH COURT MIDDLETON, WI 53562 47-2705724	REAL ESTATE	WI	N/A	N/A				No			No	

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

See Additional Data Table

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-1824445
Name: UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
7974 UW HEALTH COURT MIDDLETON, WI 53562 39-1835630	HOSPITAL AND CLINICS	WI	501(C)(3)	LINE 3	N/A		No
301 SOUTH WESTFIELD ROAD SUITE 320 MADISON, WI 53717 39-1446049	REGIONAL PARENT CORP. TO MANAGE AND DIRECT ACTIVITIES OF ENTITIES	WI	501(C)(3)	LINE 12A	UNIVERSITY OF WI HOSPITAL AND CLINICS AUTHORITY	Yes	
301 SOUTH WESTFIELD ROAD SUITE 320 MADISON, WI 53717 47-2553196	SUPPORT ORGANIZATION	WI	501(C)(3)	LINE 12A	UNIVERSITY OF WI HOSPITAL AND CLINICS AUTHORITY	Yes	
1401 EAST STATE STREET ROCKFORD, IL 61104 36-3241458	PARENT CORPORATION TO MANAGE AND DIRECT ACTIVITES OF ENTITIES	IL	501(C)(3)	LINE 12A	REGIONAL DIVISION INC	Yes	
1415 EAST STATE STREET ROCKFORD, IL 61104 36-3097493	SUPPORTS FUNDRAISING FOR SWEDISHAMERICAN HOSPITAL	IL	501(C)(3)	LINE 7	SWEDISHAMERICAN HOSPITAL	Yes	
1313 EAST STATE STREET ROCKFORD, IL 61104 36-3248013	TITLE HOLDING COMPANY	IL	501(C)(2)		SWEDISHAMERICAN HEALTH SYSTEM CORPORATION	Yes	
1401 EAST STATE STREET ROCKFORD, IL 61104 36-6652702	HOSPITAL MALPRACTICE TRUST	VT	501(C)(3)	LINE 12A	SWEDISHAMERICAN HOSPITAL	Yes	
600 HIGHLAND AVENUE MADISON, WI 53792 39-1807425	INFUSION THERAPY	WI	501(C)(3)	LINE 12A	UNIVERSITY OF WI HOSPITAL AND CLINICS AUTHORITY	Yes	
2365 DEMING WAY MIDDLETON, WI 53562 27-3496527	REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY SERVICES	WI	501(C)(3)	LINE 10	N/A	Yes	
3034 FISH HATCHERY ROAD FITCBURG, WI 53713 30-0072647	DIALYSIS SERVICES	WI	501(C)(3)	LINE 12C	N/A	Yes	
7974 UW HEALTH COURT MIDDLETON, WI 53562 39-1940656	HEALTH CARE SERVICES AND TRAINING	WI	501(C)(3)	LINE 10	N/A	Yes	
7974 UW HEALTH COURT MIDDLETON, WI 53562 45-5490584	ACCOUNTABLE CARE ORGANIZATION	WI	501(C)(3)	LINE 10	UNIVERSITY OF WI HOSPITAL AND CLINICS AUTHORITY	Yes	
1401 EAST STATE STREET ROCKFORD, IL 61104 36-2222696	HOSPITAL	IL	501(C)(3)	LINE 3	SWEDISHAMERICAN HEALTH SYSTEM CORPORATION	Yes	
840 CAROLINA STREET SAUK CITY, WI 53583 39-1807071	HEALTH MAINTENANCE ORGANIZATION	WI	501(C)(4)		UNIVERSITY HEALTH CARE	Yes	
840 CAROLINA STREET SAUK CITY, WI 53583 45-2633920	HEALTH INSURANCE	WI	501(C)(4)		QUARTZ HEALTH PLAN CORPORATION	Yes	
600 HIGHLAND AVENUE MADISON, WI 53792 83-2278676	RESEARCH AND INNOVATION	WI	501(C)(3)	LINE 12A	UNIVERSITY OF WI HOSPITAL AND CLINICS AUTHORITY	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SARI INSURANCE COMPANY 76 ST PAUL STREET SUITE 500 BURLINGTON, VT 054014477 03-0308753	CAPTIVE INSURANCE COMPANY	VT	SAHS CORPORATION	C				Yes	
(1) STATE & CHARLES INC 1313 EAST STATE STREET ROCKFORD, IL 61104 36-3321193	HOLDING COMPANY	IL	SAHS CORPORATION	C				Yes	
(2) SWEDISHAMERICAN HEALTH MANAGEMENT CORP 1401 EAST STATE STREET ROCKFORD, IL 61104 36-3246511	MANAGEMENT SERVICES	IL	STATE & CHARLES INC	C				Yes	
(3) UNITY HEALTH PLANS INSURANCE CORPORATION 840 CAROLINA STREET SAUK CITY, WI 53583 39-1450766	HEALTH MAINTENANCE ORGANIZATION	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
(4) HEALTH PROFESSIONALS OF WISCONSIN 301 SOUTH WESTFIELD ROAD MADISON, WI 53717 39-1806711	REAL ESTATE	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
(5) PHYSICIAN'S CARE NETWORK 1313 EAST STATE STREET ROCKFORD, IL 61104 36-3455791	HEALTH SERVICES	IL	STATE & CHARLES INC	C				Yes	
(6) QUARTZ HEALTH SOLUTIONS 840 CAROLINA STREET SAUK CITY, WI 53583 46-5710709	INSURANCE	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
(7) QUARTZ HOLDING COMPANY 840 CAROLINA STREET SAUK CITY, WI 53583 82-1728929	HOLDING COMPANY	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
(8) PHYSICIANS PLUS INSURANCE CORPORATION 840 CAROLINA STREET SAUK CITY, WI 53583 39-1565691	HEALTH MAINTENANCE ORGANIZATION	WI	QUARTZ HOLDING COMPANY	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) MADISON MEDICAL CENTER LLP	L	115,831	FMV
(1) MADISON MEDICAL CENTER LLP	K	1,769,864	FMV
(2) MADISON SURGERY CENTER	P	417,266	FMV
(3) MADISON SURGERY CENTER	O	6,924,775	FMV
(4) MADISON SURGERY CENTER	L	892,849	FMV
(5) MADISON SURGERY CENTER	L	918,316	FMV
(6) MADISON SURGERY CENTER	C	3,900,000	FMV
(7) MADISON SURGERY CENTER	A	1,657,038	FMV