

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
2019
Open to Public Inspection

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

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

C Name of organization
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

D Employer identification number
39-1824445

E Telephone number
(608) 265-7131

G Gross receipts \$ 1,015,387,261

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

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 2019 (Part V, line 2a)	5	5,092
6 Total number of volunteers (estimate if necessary)	6	4
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,687,455
7b Net unrelated business taxable income from Form 990-T, line 39	7b	632,582

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	138,204,587	158,164,850
9 Program service revenue (Part VIII, line 2g)	832,179,791	784,991,654
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,052,468	10,526,670
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,974,437	3,002,537
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	977,411,283	956,685,711
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	98,412,019	58,058,271
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)	609,565,590	630,624,806
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)	283,140,373	270,272,625
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	991,117,982	958,955,702
19 Revenue less expenses. Subtract line 18 from line 12	-13,706,699	-2,269,991

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	553,569,914	1,086,870,157
21 Total liabilities (Part X, line 26)	207,330,548	733,546,308
22 Net assets or fund balances. Subtract line 21 from line 20	346,239,366	353,323,849

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: 2021-04-29

JODILYNN VITELLO VP OF FINANCE
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
Firm's name ▶ RSM US LLP		2021-04-29		P01247672
Firm's address ▶ 30 S WACKER DRIVE STE 3300 CHICAGO, IL 60606			Firm's EIN ▶ 42-0714325	
			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 \$ 754,117,205 including grants of \$ 387,244) (Revenue \$ 784,991,654)
See Additional Data

4b (Code:) (Expenses \$ 160,782,569 including grants of \$ 41,740,537) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 15,083,101 including grants of \$ 15,083,101) (Revenue \$ 0)
See Additional Data





(Code:) (Expenses \$ 847,389 including grants of \$ 847,389) (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 \$ 847,389 including grants of \$ 847,389) (Revenue \$ 0)

4e Total program service expenses ▶ 930,830,264

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related entities.

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 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 16 main rows and sub-rows (a-d) containing questions about employee reporting, federal employment tax returns, gross income, foreign accounts, tax shelter transactions, deductible contributions, and sponsoring organizations. Includes a table for Section 501(c)(7) organizations and another for Section 501(c)(12) organizations.

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 (15), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: IL
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.
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 SVP CFO 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.

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

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

(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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, and 1d Total (add lines 1b and 1c).

Section 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. Includes questions 3, 4, and 5 regarding compensation reporting.

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.

Table for independent contractors with columns (A) Name and business address, (B) Description of services, and (C) Compensation. Lists contractors like ENVIRONMENTAL CONTROL OF WISCONSIN INC, STATE COLLECTION SERVICE, etc.

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. Total: 120

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	141,688,220		
	e Government grants (contributions)	1e	16,476,630		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f		158,164,850		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a PATIENT SERVICES		621111	544,769,775	544,769,775		
b PREMIUM REVENUE		900099	234,843,239	234,843,239		
c						
d						
e						
f All other program service revenue.			5,378,640	4,345,468	1,033,172	
g Total. Add lines 2a-2f.			784,991,654			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,735,810		410,190	6,325,620	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	2,204,440			
			(ii) Personal				
		b Less: rental expenses	6b	845			
		c Rental income or (loss)	6c	2,203,595			
	d Net rental income or (loss)			2,203,595		244,093	1,959,502
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	60,631,865	1,859,700		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	57,838,083	862,622		
		c Gain or (loss)	7c	2,793,782	997,078		
	d Net gain or (loss)			3,790,860			3,790,860
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
10b							
c Net income or (loss) from sales of inventory							
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue			798,942			798,942	
e Total. Add lines 11a-11d			798,942				
12 Total revenue. See instructions			956,685,711	783,958,482	1,687,455	12,874,924	

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	58,058,271	58,058,271		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,923,821	4,978,427	1,945,394	
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	543,573,094	522,312,665	21,260,429	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,205,934	15,205,934		
9 Other employee benefits	39,960,678	39,960,678		
10 Payroll taxes	24,961,279	24,961,279		
11 Fees for services (non-employees):				
a Management	15,364,638	11,007,961	4,356,677	
b Legal	136,443		136,443	
c Accounting	97,361		97,361	
d Lobbying				
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)	10,695,299	10,695,299		
12 Advertising and promotion	230,568	230,568		
13 Office expenses	1,147,953	1,147,953		
14 Information technology	1,476,556	1,476,556		
15 Royalties				
16 Occupancy	46,780,903	46,780,903		
17 Travel	2,278,140	2,278,140		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,063,553	2,063,553		
20 Interest	329,134		329,134	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,584,063	6,584,063		
23 Insurance	1,549,098	1,549,098		
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	121,136,716	121,136,716		
b DRUGS AND PATIENT CARE	48,496,795	48,496,795		
c DUE AND SUBSCRIPTIONS	2,526,764	2,526,764		
d INCOME TAX EXPENSE	557,906	557,906		
e All other expenses	8,820,735	8,820,735		
25 Total functional expenses. Add lines 1 through 24e	958,955,702	930,830,264	28,125,438	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	132,183,677	2	298,498,538
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	97,661,176	4	97,682,106
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,070,495	8	3,913,771
	9 Prepaid expenses and deferred charges	21,106,755	9	1,112,099
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	155,338,501		
	b Less: accumulated depreciation	96,256,533		
	11 Investments—publicly traded securities	167,792,483	11	172,076,922
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	65,799,651	13	72,315,782
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	382,188,971
16 Total assets. Add lines 1 through 15 (must equal line 34)	553,569,914	16	1,086,870,157	
Liabilities	17 Accounts payable and accrued expenses	150,240,548	17	77,137,746
	18 Grants payable		18	
	19 Deferred revenue	0	19	19,022,488
	20 Tax-exempt bond liabilities	28,090,000	20	25,305,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	29,000,000	25	612,081,074
	26 Total liabilities. Add lines 17 through 25	207,330,548	26	733,546,308
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	346,239,366	27	353,323,849
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	346,239,366	32	353,323,849	
33 Total liabilities and net assets/fund balances	553,569,914	33	1,086,870,157	

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	956,685,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	958,955,702
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,269,991
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	346,239,366
5	Net unrealized gains (losses) on investments	5	-2,993,439
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	12,347,913
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	353,323,849

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 (2019)

Form 990, Part III, Line 4a:

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.

Form 990, Part III, Line 4b:

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 4c:

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN KAPLAN MD CHAIRMAN OF THE BOARD	1.00 39.00	X		X				0	2,092,242	349,262
THOMAS ZDEBLICK MD DIRECTOR	1.00 39.00	X						1,460,146	0	56,063
MUSTAFA BASKAYA PHYSICIAN	39.00 39.00					X		1,352,232	0	56,063
SAMUEL POORE PHYSICIAN	1.00 39.00					X		1,298,129	0	56,063
GEOFFREY BAER PHYSICIAN	39.00 1.00					X		1,237,098	0	56,063
DAVID NIEMANN PHYSICIAN	1.00 39.00					X		1,182,516	0	56,063
KATHERINE GAST PHYSICIAN	39.00 1.00					X		1,106,663	0	14,063
PETROS ANAGNOSTOPOULOS MD DIRECTOR (AS OF 1/1/20)	1.00 39.00	X						1,040,398	0	57,436
ROBERT FLANNERY FORMER CAO	0.00 0.00						X	916,757	0	152,609
PETER NEWCOMER MEDICAL DIRECTOR	1.00 39.00				X			889,482	0	164,988

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN NAKADA MD DIRECTOR	1.00 39.00	X						930,911	0	57,436
KELLY WILSON SECRETARY (AS OF 12/18/19)	1.00 39.00			X				0	697,559	112,168
LAUREL RICE MD DIRECTOR	1.00 39.00	X						738,395	0	57,436
NIZAR JARJOUR MD PRESIDENT	39.00 1.00	X		X				643,712	0	83,783
TERRY YOUNG MD MBA DIRECTOR	1.00 39.00	X						657,435	0	57,436
DEBORAH RUSY MD MBA DIRECTOR (UNTIL 12/31/19)	1.00 39.00	X						453,922	0	56,063
ELIZABETH TROWBRIDGE MD DIRECTOR	1.00 39.00	X						421,581	0	57,113
JODI VITELLO TREASURER	1.00 39.00			X				0	384,044	80,883
J CARTER RALPHE MD DIRECTOR	1.00 39.00	X						366,887	0	49,285
SANDRA KAMNETZ MD DIRECTOR	1.00 39.00	X						309,726	0	48,589

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELSIE DOTY CAO	40.00 0.00	X		X				251,674	0	60,092
JENNIFER ALEXANDER DIRECTOR	1.00 0.00	X						0	0	0
RONALD ANDERSON DIRECTOR	1.00 0.00	X						0	0	0
DEB ARCHER DIRECTOR	1.00 0.00	X						0	0	0
GEORGE KAMPERSCHROER DIRECTOR (AS OF 1/1/20)	1.00 0.00	X						0	0	0
PATRICIA BRADY DIRECTOR (UNTIL 12/31/19)	1.00 0.00	X						0	0	0

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 instructions and the latest information.

OMB No. 1545-0047

2019

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,422,871	96,330,345	110,594,924	138,204,587	158,164,850	581,717,577
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	713,369,590	750,377,423	817,469,698	828,351,162	783,958,482	3,893,526,355
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	791,792,461	846,707,768	928,064,622	966,555,749	942,123,332	4,475,243,932
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.)						4,475,243,932

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	791,792,461	846,707,768	928,064,622	966,555,749	942,123,332	4,475,243,932
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,358,434	6,320,733	7,826,122	7,912,005	8,285,122	36,702,416
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	6,358,434	6,320,733	7,826,122	7,912,005	8,285,122	36,702,416
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.				750,810	632,582	1,383,392
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	266,645	283,859	299,869	236,359	798,942	1,885,674
13 Total support. (Add lines 9, 10c, 11, and 12.)	798,417,540	853,312,360	936,190,613	975,454,923	951,839,978	4,515,215,414
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.110 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.140 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.810 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.810 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER NON-PROGRAM REVENUE - 2015 AMOUNT: \$ 266,645. 2016 AMOUNT: \$ 283,859. 2017 AMOUNT: \$ 299,869. 2018 AMOUNT: \$ 236,359. 2019 AMOUNT: \$ 798,942.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 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 instructions and 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(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:

- (i)** unrelated organizations
- (ii)** related organizations

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

	Yes	No
3a(i)		
3a(ii)		
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		72,946,074	32,660,085	40,285,989
c Leasehold improvements		14,103,418	9,405,363	4,698,055
d Equipment		59,770,774	54,191,085	5,579,689
e Other		559,122		559,122
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				59,081,968

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) UNIVERSITY HEALTH CARE, INC.	40,495,022	C
(2) MADISON MEDICAL CENTER	13,122,523	C
(3) CHARTWELL WISCONSIN ENTERPRISES, LLC	7,356,165	C
(4) MADISON SURGERY CENTER	4,650,146	C
(5) WISCONSIN DIALYSIS, INC.	3,296,754	C
(6) TRANSFORMATION SURGERY CENTER, INC.	1,486,477	C
(7) GENERATIONS FERTILITY CARE, INC.	340,666	C
(8) WISCONSIN SLEEP, INC.	1,568,029	C
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	72,315,782	

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) EXECUTIVE DEFERRED COMPENSATION	161,801
(2) DUE FROM RELATED ORGANIZATIONS	370,195,001
(3) OTHER ACCOUNTS RECEIVABLE	11,832,169
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	382,188,971

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EXECUTIVE DEFERRED COMPENSATION	161,801
(3) DUE TO RELATED ORGANIZATIONS	611,919,273
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	612,081,074

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	823,795,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,993,439	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,790,896	
e	Add lines 2a through 2d			2e 8,797,457
3	Subtract line 2e from line 1			3 814,998,337
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	141,687,374	
c	Add lines 4a and 4b			4c 141,687,374
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 956,685,711

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	816,710,422
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	846	
e	Add lines 2a through 2d			2e 846
3	Subtract line 2e from line 1			3 816,709,576
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	142,246,126	
c	Add lines 4a and 4b			4c 142,246,126
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 958,955,702

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	EQUITY IN EARNINGS OF JOINT VENTURES 12,348,802. INCOME TAX EXPENSE -557,906.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTED REVENUE PRESENTED NET OF EXPENSE 141,688,220. RENTAL EXPENSES -846.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 846.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTED REVENUE PRESENTED NET OF EXPENSE 141,688,220. INCOME TAX EXPENSE 557,906.

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

2019

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. 9
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
UW SCHOOL OF MEDICINE AND PUBLIC HEALTH 750 HIGHLAND AVENUE MADISON, WI 53705	39-6006492	STATE OF WISCONSIN	41,740,537				SUPPORT FUNCTIONS OF THE MEDICAL SCHOOL
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53708	39-0743975	501(C)(3)	15,123,951				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
ACCESS COMMUNITY HEALTH CENTER 2202 PARK STREET MADISON, WI 53713	39-1391134	501(C)(3)	766,712				SUPPORT FUNCTIONS OF THE ORGANIZATION
UNIVERSITY HEALTH CARE INC 301 S WESTFIELD ROAD STE 250 MADISON, WI 53717	39-1446049	501(C)(3)	261,947				SUPPORT FOR CONTRACT MANAGEMENT

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
ORTHOPAEDIC RESEARCH AND EDUCATION FOUNDATION 6300 N RIVER ROAD STE 700 ROSEMONT, IL 60019	36-6009467	501(C)(3)	33,000				SUPPORT FUNCTIONS OF THE ORGANIZATION
UNIVERSITY OF WISCONSIN HOSPITALS & CLINICS AUTHORITY 7974 UW HEALTH COURT MS 1020 MIDDLETON, WI 53562	39-1835630	501(C)(3)	24,667				GALA TABLE SPONSORSHIP

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
FRIENDS OF UW HEALTH 301 S WESTFIELD ROAD STE 250 MADISON, WI 53717	51-0137187	501(C)(3)	8,500				SUPPORT FUNCTIONS OF THE ORGANIZATION
JUVENILE DIABETES RESEARCH FOUNDATION 434 S YELLOWSTONE DRIVE STE 201 MADISON, WI 53719	23-1907729	501(C)(3)	8,500				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
WISCONSIN ALLIANCE FOR WOMEN'S HEALTH 147 S BUTLER STREET MADISON, WI 53703	80-0287566	501(C)(3)	6,000				SUPPORT FUNCTIONS OF THE ORGANIZATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> 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.
PART I, LINE 4B	SEVERAL MEMBERS OF THE BOARD PARTICIPATE IN SUPPLEMENTAL, NON-QUALIFIED RETIREMENT PLANS THROUGH UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION, OR RELATED ORGANIZATIONS. THOSE INDIVIDUALS PARTICIPATE IN A 457(F) PLAN. IN 2019, THE FOLLOWING EMPLOYER CONTRIBUTIONS WERE MADE:: - KELSIE DOTY \$6,282 - NIZAR JARJOUR \$27,720 - PETER NEWCOMER \$104,902 - KELLY WILSON \$63,996 - JODI VITELLO \$30,400 - ALAN KAPLAN \$290,000 NO DISTRIBUTIONS WERE MADE IN 2019.
PART II, COLUMN B:	CERTAIN INDIVIDUALS RECEIVED COMPENSATION FROM THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH, AN UNRELATED ORGANIZATION, FOR THEIR SERVICES AS PHYSICIANS OR PROFESSORS. THE FOLLOWING INDIVIDUALS HAVE THIS COMPENSATION REPORTED ON SCHEDULE J, PART II, COLUMN B(I): - PETROS ANAGNOSTOPOULOS \$72,860 - GEOFFREY BAER \$62,928 - MUSTAFA BASKAYA \$85,029 - NIZAR JARJOUR \$305,188 - SANDRA KAMNETZ \$115,623 - STEPHEN NAKADA \$230,739 - PETER NEWCOMER \$112,519 - DAVID NIEMANN \$59,480 - SAMUEL POORE \$60,019 - JOHN RALPHE \$120,115 - LAUREL RICE \$179,194 - ELIZABETH TROWBRIDGE \$176,893 - TERRI YOUNG \$197,209 - THOMAS ZDEBLICK \$192,942 - KATHERINE GAST \$49,838 - DEBORAH RUSY \$80,623

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

2019**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 7A	THE SOLE MEMBER OF THE ORGANIZATION HAS THE POWER TO APPROVE FACULTY AND CHAIR DIRECTORS NOMINATED FOR THE BOARD.

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. KEY FINANCE EMPLOYEES REVIEW THE FORM 990 TO DETERMINE COMPLETE AND ACCURATE. THE RETURN IS PROVIDED TO THE MEMBERS OF THE BOARD OF DIRECTORS BEFORE FILING. 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:	EQUITY INTEREST IN INCOME OF JOINT VENTURES 12,347,913.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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
7974 UW HEALTH COURT NO MC1020 MIDDLETON, WI 53562 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	
7974 UW HEALTH COURT MIDDLETON, WI 53562 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	
7974 UW HEALTH COURT MIDDLETON, WI 53562 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
SARI INSURANCE COMPANY 76 ST PAUL STREET SUITE 500 BURLINGTON, VT 054014477 03-0308753	CAPTIVE INSURANCE COMPANY	VT	SAHS CORPORATION	C				Yes	
STATE & CHARLES INC 1313 EAST STATE STREET ROCKFORD, IL 61104 36-3321193	HOLDING COMPANY	IL	SAHS CORPORATION	C				Yes	
SWEDISHAMERICAN HEALTH MANAGEMENT CORP 1401 EAST STATE STREET ROCKFORD, IL 61104 36-3246511	MANAGEMENT SERVICES	IL	STATE & CHARLES INC	C				Yes	
QUARTZ HEALTH BENEFIT PLANS CORPORATION 840 CAROLINA STREET SAUK CITY, WI 53583 39-1450766	HEALTH MAINTENANCE ORGANIZATION	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
HEALTH PROFESSIONALS OF WISCONSIN 301 SOUTH WESTFIELD ROAD MADISON, WI 53717 39-1806711	REAL ESTATE	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
PHYSICIAN'S CARE NETWORK 1313 EAST STATE STREET ROCKFORD, IL 61104 36-3455791	HEALTH SERVICES	IL	STATE & CHARLES INC	C				Yes	
QUARTZ HEALTH SOLUTIONS 840 CAROLINA STREET SAUK CITY, WI 53583 46-5710709	INSURANCE	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
QUARTZ HOLDING COMPANY 840 CAROLINA STREET SAUK CITY, WI 53583 82-1728929	HOLDING COMPANY	WI	UNIVERSITY HEALTH CARE INC	C				Yes	
QUARTZ HEALTH 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
MADISON MEDICAL CENTER LLP	L	115,831	FMV
MADISON MEDICAL CENTER LLP	K	1,787,048	FMV
MADISON SURGERY CENTER	O	6,673,537	FMV
MADISON SURGERY CENTER	L	933,290	FMV
MADISON SURGERY CENTER	L	830,993	FMV
MADISON SURGERY CENTER	C	2,000,000	FMV
MADISON SURGERY CENTER	A	1,678,518	FMV
UW HEALTH ACO INC	M	89,553	FMV
UW HEALTH ACO INC	O	161,055	FMV
UNIVERSITY HEALTH CARE INC	Q	261,947	FMV