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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 01-01-2019 , and ending 12-31-2019

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

C Name of organization
Versiti Wisconsin Inc
% PAUL MATSON
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO Box 2178 638 North 18th St

City or town, state or province, country, and ZIP or foreign postal code
Milwaukee, WI 532012178

D Employer identification number
39-0807235

E Telephone number
(414) 933-5000

G Gross receipts $ 225,726,576

F Name and address of principal officer:
Chris Miskel
638 N 18th Street
Milwaukee, WI 532332121

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.VERSITI.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1947

M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
RECRUITS BLOOD, STEM CELLS, ORGAN, TISSUE PROVIDES BLOOD, DIAGNOSTIC LAB TESTING, CLINICAL SERVICES & SPECIALTY PHARMACEUTICALS. CONDUCTS RESEARCH. STRIVES TO PROTECT PUBLIC SAFETY.

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**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	1,180
6	Total number of volunteers (estimate if necessary)	**6**	352
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	44,148
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	4,713

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	24,177,316	24,337,374
9	Program service revenue (Part VIII, line 2g)	136,505,835	145,399,666
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,209,035	2,685,170
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,099	100,954
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	162,945,285	172,523,164
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,011,063	4,539,001
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)	78,201,716	76,918,040
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)	84,209,859	94,333,476
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	166,422,638	175,790,517
19	Revenue less expenses. Subtract line 18 from line 12	-3,477,353	-3,267,353

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	128,457,896	123,459,642
21	Total liabilities (Part X, line 26)	28,136,746	24,016,344
22	Net assets or fund balances. Subtract line 21 from line 20	100,321,150	99,443,298

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

****** 2020-11-12
Signature of officer Date

CHRIS MISKEL President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00556798

Firm's name ▶ Grant Thornton LLP — Firm's EIN ▶

Firm's address ▶ 100 E Wisconsin Ave, Milwaukee, WI 53202 — Phone no. (414) 289-8200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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:

RECRUITS BLOOD, STEM CELLS, ORGAN AND TISSUE DONATIONS. PROVIDES BLOOD, DIAGNOSTIC LAB TESTING, CLINICAL SERVICES & SPECIALTY PHARMACEUTICALS. CONDUCTS RESEARCH. STRIVES TO PROTECT PUBLIC SAFETY.

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 $ 41,031,661 including grants of $ 28,500) (Revenue $ 48,646,480)
See Additional Data

4b (Code:) (Expenses $ 28,634,832 including grants of $ 4,375,000) (Revenue $)
See Additional Data

4c (Code:) (Expenses $ 26,057,968 including grants of $) (Revenue $ 35,372,512)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses $ 53,438,512 including grants of $ 135,501) (Revenue $ 61,381,710)

4e **Total program service expenses ▶** 149,162,973

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 1,180			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶PAUL MATSON 638 N 18TH ST Milwaukee, WI 532332121 (414) 937-6349

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)*

(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										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,866,133	2,642,155	649,888

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 ▶ 124

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Medspeed LLC, 655 W Grand Avenue Ste 320 ELMHURST, IL 60126	Healthcare Transport	2,236,651
Omnisource Marketing Group, 8925 N Meridian St Ste 150 INDIANAPOLIS, IN 46260	Marketing	708,334
Cerner Corporation, PO Box 959156 ST LOUIS, MO 63196	Software Support	684,691
Medical College of Wisconsin, 8701 Watertown Plank Road MILWAUKEE, WI 53226	MEDICAL SERVICES	671,657
Level 3 Communications, PO BOX 910182 DENVER, CO 80291	Marketing	579,279

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 ▶ 52

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	8,874,493			
e Government grants (contributions)	1e	13,676,077			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,786,804			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		24,337,374			
Program Service Revenue	Business Code				
2a BLOOD SERVICES	621500	48,645,444	48,645,444	0	0
b DIAGNOSTIC LABORATORIES	621500	35,372,512	35,334,155	38,357	0
c PHARMACY	621500	32,963,438	32,963,438	0	0
d ORGAN AND TISSUE DONATION	621500	18,829,671	18,829,671	0	0
e MEDICAL SERVICES	621500	9,193,414	9,193,414		
f All other program service revenue.		395,187	395,187		0
g **Total.** Add lines 2a–2f.	145,399,666				
3 Investment income (including dividends, interest, and other similar amounts)		910,718		5,791	904,927
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			

		(i) Real	(ii) Personal			
6a Gross rents	6a	30,000				
b Less: rental expenses	6b	34,464				
c Rental income or (loss)	6c	-4,464	0			
d Net rental income or (loss)				-4,464		-4,464

		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	54,943,400				
b Less: cost or other basis and sales expenses	7b	53,127,581	41,367			
c Gain or (loss)	7c	1,815,819	-41,367			
d Net gain or (loss)				1,774,452		1,774,452

Other Revenue

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0			
b Less: direct expenses	8b	0			
c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities. See Part IV, line 19	9a	0			
b Less: direct expenses	9b	0			
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	10a	0			
b Less: cost of goods sold	10b	0			
c Net income or (loss) from sales of inventory			0		

Miscellaneous Revenue	Business Code				
11a PATRONAGE DIVIDENDS	900099	55,250	0	0	55,250
b ACQUIRED CASH RECEIPTS	900099	22,974	0	0	22,974
c ENTERPRISE FLEET SERVICES	900099	8,470	0	0	8,470
d All other revenue		18,724	1,036	0	17,688
e **Total.** Add lines 11a–11d		105,418			
12 **Total revenue.** See instructions		172,523,164	145,362,345	44,148	2,779,297

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	4,539,001	4,539,001		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,128,082	602,218	2,525,864	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	57,508,769	50,397,259	7,111,510	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,845,166	2,474,305	370,861	
9 Other employee benefits	9,472,999	8,042,522	1,430,477	
10 Payroll taxes	3,963,024	3,328,940	634,084	
11 Fees for services (non-employees):				
a Management	0			
b Legal	352,108	206,098	146,010	
c Accounting	40,227	27,392	12,835	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,177,101	22,410,499	-1,233,398	0
12 Advertising and promotion	541,308	438,406	102,902	
13 Office expenses	385,036	364,420	20,616	
14 Information technology	2,883,970	1,490,760	1,393,210	
15 Royalties	11,701	11,701		
16 Occupancy	3,831,406	1,752,571	2,078,835	
17 Travel	2,179,827	1,774,181	405,646	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	312,382	307,168	5,214	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,732,892	2,858,581	1,874,311	
23 Insurance	249,778	60,626	189,152	
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 COST OF IMPORTED PRODUCTS	34,866,179	34,866,179	0	0
b VERSITI SERVICES ALLOCATION	10,474,277	1,588,845	8,885,432	0
c MEDICAL LAB SUPPLIES	8,988,026	8,988,026	0	0
d EQUIPMENT LEASE/MAINTENANCE	1,623,167	1,085,800	537,367	0
e All other expenses	1,684,091	1,547,475	136,616	
25 **Total functional expenses.** Add lines 1 through 24e	175,790,517	149,162,973	26,627,544	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 ▶ ☐ 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		0	1	32,688
	2	Savings and temporary cash investments		10,996,001	2	0
	3	Pledges and grants receivable, net		0	3	1,947,189
	4	Accounts receivable, net		25,647,851	4	35,425,665
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net		0	7	200,000
	8	Inventories for sale or use		7,779,785	8	7,577,166
	9	Prepaid expenses and deferred charges		1,444,706	9	813,645
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 110,065,571			
	b	Less: accumulated depreciation	10b 75,144,713	37,002,275	10c	34,920,858
	11	Investments—publicly traded securities		45,568,615	11	28,397,340
	12	Investments—other securities. See Part IV, line 11		0	12	13,323,614
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		18,663	15	821,477
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		128,457,896	16	123,459,642
Liabilities	17	Accounts payable and accrued expenses		28,084,489	17	18,055,464
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		52,257	25	5,960,880
	26	**Total liabilities.** Add lines 17 through 25		28,136,746	26	24,016,344
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		100,321,150	27	99,443,298
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		100,321,150	32	99,443,298
	33	Total liabilities and net assets/fund balances		128,457,896	33	123,459,642

Part XI Reconcilliation 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	172,523,164
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,790,517
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,267,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,321,150
5	Net unrealized gains (losses) on investments	5	2,305,063
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	84,438
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	99,443,298

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 39-0807235

Name: Versiti Wisconsin Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

VERSITI WISCONSIN, INC. (VERSITI WISCONSIN) FULFILLS ITS TAX-EXEMPT PURPOSE BY RECRUITING VOLUNTEER BLOOD DONORS, COLLECTING, PROCESSING AND DISTRIBUTING BLOOD AND BLOOD COMPONENTS TO PROVIDE A SAFE AND STABLE SOURCE FOR CUSTOMERS AT THE 57 HOSPITALS AND OTHER BLOOD CENTERS WE SUPPLY. IN THE YEAR ENDED 2019, THE ORGANIZATION RECRUITED 144,317 DONORS.

Form 990, Part III, Line 4b:

IN THE INTERCONNECTED WORLD OF SCIENCE AND MEDICINE, RESEARCH IS CRITICAL. VERSITI WISCONSIN'S RESEARCH, PART OF OUR VISION SINCE INCEPTION IN 1947, SPANS BASIC, TRANSLATIONAL AND CLINICAL RESEARCH THAT FOCUSES ON BLOOD AND BLOOD DISORDERS. OUR RESEARCH DISCOVERIES MAKE TANGIBLE CONTRIBUTIONS TO THE CARE OF PATIENTS.

Form 990, Part III, Line 4c:

VERSITI WISCONSIN FULFILLS ITS TAX-EXEMPT PURPOSE OF PROVIDING DIAGNOSTIC LABORATORY TESTING IN THE AREAS OF HISTOCOMPATIBILITY, TRANSPLANT SEQUENCING, MOLECULAR DIAGNOSTICS, CORE ISOLATION, PLATELET & NEUTROPHIL IMMUNOLOGY, HEMOSTASIS REFERENCE, IMMUNOHEMATOLOGY REFERENCE, TRANSFUSION SERVICES, MOLECULAR ONCOLOGY, RED CELL GENOTYPING AND GENOMICS.

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:	) (Expenses $	29,104,230	including grants of $	101,750) (Revenue $	32,963,438)
COMPREHENSIVE CENTER FOR BLEEDING DISORDERS					
(Code:	) (Expenses $	14,975,704	including grants of $	23,251) (Revenue $	18,829,671)
ORGAN AND TISSUE DONATIONS					

Form 990, Part III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:	) (Expenses $	9,345,809	including grants of $	10,500	) (Revenue $	9,193,414)
MEDICAL SERVICES						
(Code:	) (Expenses $	12,769	including grants of $		) (Revenue $	395,187)
DONOR TESTING LABORATORY						

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			
CHRIS MISKEL PRESIDENT & CEO	23.0 32.0	X		X				422,096	495,510	41,657
THOMAS ABSHIRE MD EVP MSI & CHIEF MED OFFICER	55.0 0.0			X				577,401	0	24,817
BRIAN BAUTISTA EVP & CHIEF OPERATING OFFICER	25.0 30.0			X				253,620	297,726	41,657
GILBERT C WHITE MD EVP OF RESEARCH-thru 6/19	37.0 18.0			X				340,445	160,210	37,934
GITESH DUBAL EVP & CHIEF MARKETING OFFICER	25.0 30.0			X				218,294	256,254	41,657
ANTHONY WATKINS EVP & CHIEF FINANCIAL OFFICER	24.0 31.0			X				218,080	256,011	40,559
PETER NEWMAN PHD VP RESEARCH & ASSOC. DIR. BRI.	55.0 0.0					X		414,932	0	30,513
JAMES WEIDNER EVP & CHIEF HR OFFICER	24.0 31.0			X				178,480	209,520	41,551
MAHRABOON IRANI MD MEDICAL DIR OF THERAPEUTIC SVS	55.0 0.0					X		359,726	0	41,657
MATTHEW ANDERSON MD VP & DIAGNOSTIC LAB MED. DIR.	55.0 0.0					X		354,758	0	41,657

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			
KENNETH FRIEDMAN MD MEDICAL DIRECTOR	55.0 0.0					X		355,851	0	37,887
JOSHUA J FIELD MD MEDICAL DIRECTOR	55.0 0.0					X		348,770	0	41,657
LYNNE BRIGGS VP & CHIEF INFORMATION OFFICER	25.0 30.0			X				153,436	180,120	44,457
BART REUTER EVP & GEN. COUNSEL-AS OF 1/19	24.0 31.0			X				145,820	171,183	40,545
BRADLEY PIETZ EVP & Chief Innovation Officer	25.0 30.0			X				141,191	165,744	25,901
MARGARET MCELLIGOT VP & CHIEF QUALITY OFFICER	25.0 30.0			X				131,213	154,026	36,791
MAUREEN KWIECINSKI FORMER EVP & GEN. COUNSEL	0.0 0.0						X	135,426	158,976	729
COLLEEN MCCARTHY CHIEF OF STAFF & VP ORGAN DON.	25.0 30.0			X				116,594	136,875	38,262
DALE KENT CHAIR	1.0 4.0	X		X				0	0	0
L ALAN WHALEY VICE CHAIR	1.0 4.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MITCHELL G WATT SECRETARY	1.0 3.0	X		X				0	0	0
JAMES M RAUH TREASURER	1.0 4.0	X		X				0	0	0
CATHY BUCK BOARD MEMBER	1.0 3.0	X						0	0	0
FRED GEILFUSS BOARD MEMBER; LEGAL ADVISOR	1.0 3.0	X						0	0	0
DAVID GINSBURG MD BOARD MEMBER - AS OF 11/19	1.0 3.0	X						0	0	0
GAIL HANSON BOARD MEMBER - AS OF 11/19	1.0 3.0	X						0	0	0
THOMAS HAUSKE JR BOARD MEMBER	1.0 3.0	X						0	0	0
GREGORY LARKIN MD BOARD MEMBER	1.0 4.0	X						0	0	0
ROBERT H MANEGOLD BOARD MEMBER	1.0 4.0	X						0	0	0
JEFFREY S MCDONALD BOARD MEMBER	1.0 3.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RON MILLER BOARD MEMBER - AS OF 1/19	1.0 3.0	X						0	0	0
JOHN PERRAS BOARD MEMBER	1.0 3.0	X						0	0	0
PETER ZIEGLER BOARD MEMBER	1.0 4.0	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

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
Versiti Wisconsin Inc

Employer identification number
39-0807235

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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.") . .	20,381,758	22,122,317	22,711,570	24,177,316	24,337,374	113,730,335
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	20,381,758	22,122,317	22,711,570	24,177,316	24,337,374	113,730,335
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). .						35,759,853
6 **Public support.** Subtract line 5 from line 4.						77,970,482

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. .	20,381,758	22,122,317	22,711,570	24,177,316	24,337,374	113,730,335
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	677,004	1,163,577	1,815,274	1,592,014	904,927	6,152,796
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	0	0	0	0	4,713	4,713
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0	0	995	2,136	104,382	107,513
11 **Total support.** Add lines 7 through 10						119,995,357

12 Gross receipts from related activities, etc. (see instructions)	12	695,125,110

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	64.978 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	65.500 %

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 . . . . . ▶ ☑

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

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? *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.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		

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?	**1**		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	**2a**		
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? *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.*	**2b**		

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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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 ☐ 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.			

Additional Data

Software ID:

Software Version:

EIN: 39-0807235

Name: Versiti Wisconsin Inc

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317044340

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Versiti Wisconsin Inc	39-0807235

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,196
j	Total. Add lines 1c through 1i			1,196
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Other Activities	Part II-B, Line II $1,196 OF THE DUES PAID TO THE ASSOCIATION OF ORGAN PROCUREMENT ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Versiti Wisconsin Inc

Employer identification number
39-0807235

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	77,632,272	86,045,725	76,439,806	72,401,518	81,135,521
b Contributions	2,512,261	301,738	2,294,914	793,676	471,114
c Net investment earnings, gains, and losses	14,163,049	-4,472,887	11,411,375	7,045,041	-5,788,954
d Grants or scholarships					
e Other expenditures for facilities and programs	4,314,900	4,242,304	4,100,370	3,800,429	3,416,163
f Administrative expenses					
g End of year balance	89,992,682	77,632,272	86,045,725	76,439,806	72,401,518

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

a Board designated or quasi-endowment ▶ 97.760 %

b Permanent endowment ▶ 2.240 %

c Temporarily restricted endowment ▶ .....

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

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		2,722,179		2,722,179
b Buildings		64,955,568	40,934,895	24,020,673
c Leasehold improvements		846,040	662,190	183,850
d Equipment		40,405,000	32,781,000	7,624,000
e Other		1,136,784	766,628	370,156
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				34,920,858

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) INVESTMENT IN CENETRON	13,323,614	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	13,323,614	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	5,960,880

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	174,529,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,305,063		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	2,305,063
3	Subtract line **2e** from line **1**			3	172,224,236
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	298,928		
c	Add lines **4a** and **4b**			4c	298,928
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	172,523,164

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	175,407,151
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	-383,366		
e	Add lines **2a** through **2d**			2e	-383,366
3	Subtract line **2e** from line **1**			3	175,790,517
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	175,790,517

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: 39-0807235
Name: Versiti Wisconsin Inc

Supplemental Information

Return Reference	Explanation
Part V	ENDOWMENTS THE FILING ORGANIZATION IS A BENEFICIARY OF THE VERSITI BLOOD RESEARCH INSTITUTE FOUNDATIONS ("VBRIF") ENDOWMENT AS A SUPPORTED ORGANIZATION. THE BOARD DESIGNATED ENDOWMENT FUNDS ARE DESIGNATED BY THE BOARD AS ENDOWMENT FUNDS TO ENSURE THE CONTINUING AVAILABILITY OF FUNDS FOR RESEARCH PURPOSES.

Supplemental Information

Return Reference	Explanation
PART X	INCOME TAXES VERSITI, WISCONSIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION HAVE ALL R ECEIVED TAX DETERMINATION LETTERS CONFIRMING THAT THE ORGANIZATIONS QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT REC OGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TA X POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE LIKE LY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. T HE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. VERSITI, WISCON SIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAX UND ER IRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEM PT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE ORGANIZATION HAS PRO CESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. WISCONSIN AND THE FOUNDATION HAVE FILED FEDERAL AND STATE OF WISCONSIN INCO ME TAX RETURNS TO REPORT UNRELATED BUSINESS INCOME THROUGH 2009 AND ARE NO LONGER SUBJECT TO TAX AUTHORITY EXAMINATIONS FOR YEARS PRIOR TO 2010 UNDER THE FEDERAL AND STATE STATUTE. MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR WISCON SIN FOR 2010 THROUGH 2017, AND INCOME TAX RETURNS ARE NOT REQUIRED TO BE FILED; HOWEVER IN COME TAX RETURNS WERE FILED FOR 2018. THEREFORE, AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2010 THROUGH 2017, WILL REMAIN OPEN TO AUDIT FOR BO TH FEDERAL AND STATE PURPOSES. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION WILL BE FILIN G INCOME TAX RETURNS FOR TAX YEARS 2016 AND 2017. THEREFORE, AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2010 THROUGH 2015, WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. MICHIGAN HAS NOT HISTORICALLY FILED ANY UNRELAT ED BUSINESS INCOME TAX RETURNS; THEREFORE, TAX YEARS REMAIN OPEN FOR YEARS IN WHICH AN INC OME TAX RETURN HAS NOT BEEN FILED; HOWEVER INCOME TAX RETURNS WERE FILED FOR 2018 BUT ARE NOT EXPECTED TO BE FILED FOR 2019. IN YEARS PRIOR TO 2014, ILLINOIS FILED BOTH FEDERAL AND STATE OF ILLINOIS INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME . MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR ILLIN OIS FOR TAX YEARS 2014 THROUGH 2017; HOWEVER INCOME TAX RETURNS WERE FILED FOR 2018 BUT AR E NOT EXPECTED TO BE FILED FOR

Supplemental Information

Return Reference	Explanation
PART X	2019. THEREFORE, AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TA X YEARS 2014 THROUGH 2017, WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. IN YEARS PRIOR TO 2014, INDIANA FILED FEDERAL UNRELATED BUSINESS INCOME TAX RETURNS TO REP ORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME. IN 2014 THROUGH 2016, INDIANA FILED FEDERA L AND INDIANA RETURNS TO REPORT AN UNRELATED BUSINESS LOSS. IN 2017 AND 2018, INDIANA FILE D INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME IN ORDER TO MAIN TAIN THE PRIOR YEAR NET OPERATING LOSS. INDIANA IS EXPECTED TO FILE INCOME TAX RETURNS FOR 2019. THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR BOTH FEDERAL AND STATE PURPOSES FOR ANY RETURNS NOT FILED. VERSITI HAS NOT FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS; T HEREFORE THE YEARS SINCE 2012, THE YEAR OF INCEPTION, ARE STILL OPEN TO EXAMINATION. THE O RGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. SALUS HAS BEEN ORGANI ZED AS A LIMITED LIABILITY COMPANY AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE IN COME TAXES. ALL INCOME TAX ATTRIBUTES OF THE ENTITY ARE PASSED THROUGH TO ITS SOLE MEMBER, WISCONSIN. THE ENTITY IS INCLUDED IN THE CONSOLIDATED INFORMATION RETURN FILED BY VERSITI . CENETRON IS FORMED AS A LIMITED LIABILITY COMPANY AND HAS ELECTED TO BE TREATED AS A WHO LLY OWNED LLC THAT HAS ELECTED TO BE TREATED AS A C-CORPORATION FOR TAX PURPOSES AND SO IS SUBJECT TO FEDERAL AND STATE INCOME TAXES. INCOME TAXES ARE PROVIDED FOR THE TAX EFFECTS OF TRANSACTIONS REPORTED BY CENETRON AND CONSIST OF TAXES CURRENTLY DUE AND DEFERRED TAXES . DEFERRED TAXES ARE RECOGNIZED FOR DIFFERENCES BETWEEN THE BASIS OF ASSETS AND LIABILITIE S FOR FINANCIAL STATEMENT AND INCOME TAX PURPOSES. THE DIFFERENCES RELATED PRIMARILY TO IN VENTORY, PROPERTY AND EQUIPMENT, INTANGIBLE ASSETS AND ACCRUED LIABILITIES. THE DEFERRED T AX ASSETS AND LIABILITIES REPRESENT THE FUTURE TAX RETURN CONSEQUENCES OF THOSE DIFFERENCE S, WHICH WILL EITHER BE TAXABLE OR DEDUCTIBLE WHEN THE ASSETS AND LIABILITIES ARE RECOVERE D OR SETTLED. CENETRON IS SUBJECT TO TAXATION IN THE UNITED STATES AND VARIOUS CERTAIN, LI MITED STATE JURISDICTIONS. THE ORGANIZATION RECOGNIZES, IF NECESSARY, INTEREST AND PENALTI ES RELATED TO UNRECOGNIZED TAX BENEFITS IN THE PROVISION FOR INCOME TAXES. THERE WERE NO I NTEREST OR PENALTIES RELATED TO INCOME TAXES THAT HAVE BEEN ACCRUED OR RECOGNIZED AS OF AN D FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B	OTHER ADJUSTMENTS RENTAL ACTIVITY EXPENSES $(34,464) LOSS ON ASSET SALE (41,367) CHANGE IN EQUITY IN CENETRON (66,433) RELATED ORGANIZATION SUPPORT 441,192 --------- TOTAL 298,928 PART XII, LINE 2D RECONCILIATION OF EXPENSES RENTAL ACTIVITY EXPENSES $ 34,464 LOSS ON ASSET SALE 41,367 RELATED ORGANIZATION SUPPORT (441,192) BAD DEBT RESERVE ADJUSTMENT (18,005) --------- TOTAL (383,366)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Versiti Wisconsin Inc

Employer identification number
39-0807235

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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	PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S. VERSITI WISCONSIN CONTINUES TO PROVIDE GRANT FUNDING TO VERSITI BLOOD RESEARCH INSTITUTE FOUNDATION, INC. AND OTHER TAX-EXEMPT ORGANIZATIONS. THESE FUNDS WILL SUPPORT FUTURE BLOOD RESEARCH AND OTHER INITIATIVES TO SERVE MORE PATIENTS AND REDUCE OVERALL COSTS. MONITORING THE INVESTMENT OF THESE FUNDS, THE DISTRIBUTIONS AND WHAT THESE FUNDS ARE USED FOR IS COMPLETED BY LEADERSHIP OF VERSITI WISCONSIN.

Additional Data

Software ID:
Software Version:
EIN: 39-0807235
Name: Versiti Wisconsin 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
VERSITI BLOOD RESEARCH INSTITUTE FND 638 NORTH 18TH STREET MILWAUKEE, WI 53233	39-1372542	501(c)(3)	4,360,000	0			RESEARCH
GREAT LAKES HEMOPHILIA FOUNDATION INC 638 NORTH 18TH STREET MILWAUKEE, WI 53233	23-7367636	501(c)(3)	101,750				PATIENT FINANCIAL ASSISTANCE

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
AMERICAN HEART ASSOCIATION 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	20,000				BLOOD RESEARCH
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTWON PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(c)(3)	15,000				BLOOD RESEARCH STUDY

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
HEMOSTASIS THROMBOSIS RESEARCH SOCIETY 8733 Watertown Plank Road MILWAUKEE, WI 53226	39-1796672	501(c)(3)	10,500	0			HEMOPHILIA RESEARCH
UW MEDICAL FOUNDATION 1848 University Ave MADISON, WI 537264090	39-1824445	501(c)(3)	5,500	0			ORGAN DONATION SUPPORT

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Schedule J (Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Versiti Wisconsin Inc

Employer identification number
39-0807235

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	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	Yes	
	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	Yes	
	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	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	Charter Travel Versiti Wisconsin chartered an airplane for all of its directors and one of its officers, Bart Reuter, for the 2019 Board Meeting. The chartered travel expenses are not treated as taxable compensation. Part I, Line 1a BUSINESS CLUB DUES VERSITI WISCONSIN PROVIDES BUSINESS CLUB MEMBERSHIPS FOR THE FOLLOWING EMPLOYEE: GILBERT C. WHITE : $2,470 THE CLUB MEMBERSHIPS ARE NOT TREATED AS TAXABLE COMPENSATION. THE EMPLOYEES USE THESE MEMBERSHIPS FOR BUSINESS MEETINGS OFF SITE AND BUSINESS LUNCHES/DINNERS. ANY PERSONAL EXPENSES INCURRED AT THE CLUB ARE PAID FOR DIRECTLY BY THE EMPLOYEES OR THE EMPLOYEES REIMBURSE THE ENTITY FOR PERSONAL EXPENSES.
Part I, Line 4a	SEVERANCE PAYMENTS AN INDIVIDUAL LEFT THE ORGANIZATION IN 2018. THE INDIVIDUAL RECEIVED SEVERANCE IN 2019, WHICH IS INCLUDED IN SCHEDULE J, PART II. DUE TO A CONFIDENTIALITY AGREEMENT, NEITHER THE NAME NOR THE AMOUNT WILL BE LISTED.
Part I, Lines 5b, 6b and 7	NON-FIXED PAYMENTS INCENTIVE PAYOUT OPPORTUNITIES, BASED ON PERCENTAGE OF BASE PAY RATE, ARE AVAILABLE TO CERTAIN EMPLOYEES OF THE FILING ORGANIZATION. WHILE LEVELS OF THE INCENTIVE PAYOUT OPPORTUNITY ARE FIXED AND DETERMINED PERCANTAGES OF BASED COMPENSATION; THE INCENTIVE PAYOUT IS DETERMINED; IN PART, ON THE CONSOLIDATED REVENUE AND NET EARNINGS OF OPERATING DIVISIONS. THE INCENTIVE PAYOUT IS SUBJECT TO THE REVIEW OF ACCOMPLISHMENTS / OBJECTIVES AND THE ULTIMATE DETERMINATION OF INCENTIVE COMPENSATION IS SUBJECT TO PRESIDENT / CEO AND EXECUTIVE COMMITTEE OF THE BOARD APPROVAL.

Additional Data

Software ID:
Software Version:
EIN: 39-0807235
Name: Versiti Wisconsin Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CHRIS MISKEL PRESIDENT & CEO	(i)	292,276	129,260	560	9,016	10,147	441,259	0
	(ii)	343,110	151,740	660	10,584	11,910	518,004	0
1THOMAS ABSHIRE MD EVP MSI & CHIEF MED OFFICER	(i)	486,567	84,012	6,822	22,400	2,417	602,218	0
	(ii)	0	0	0	0	0	0	0
2GILBERT C WHITE MD EVP OF RESEARCH-thru 6/19	(i)	280,708	55,922	3,815	15,232	10,563	366,240	0
	(ii)	132,098	26,316	1,796	7,168	4,971	172,349	0
3ANTHONY WATKINS EVP & CHIEF FINANCIAL OFFICER	(i)	180,849	35,253	1,978	9,016	9,640	236,736	0
	(ii)	212,301	41,385	2,325	10,584	11,319	277,914	0
4BRADLEY PIETZ EVP & Chief Innovation Officer	(i)	126,649	13,820	722	7,918	3,997	153,106	0
	(ii)	148,677	16,221	846	9,294	4,692	179,730	0
5GITESH DUBAL EVP & CHIEF MARKETING OFFICER	(i)	160,046	57,861	387	9,016	10,147	237,457	0
	(ii)	187,878	67,923	453	10,584	11,910	278,748	0
6LYNNE BRIGGS VP & CHIEF INFORMATION OFFICER	(i)	127,052	24,831	1,553	10,304	10,147	173,887	0
	(ii)	149,148	29,148	1,824	12,096	11,910	204,126	0
7MARGARET MCELLIGOT VP & CHIEF QUALITY OFFICER	(i)	109,886	18,467	2,860	9,808	7,117	148,138	0
	(ii)	128,994	21,678	3,354	11,511	8,355	173,892	0
8JAMES WEIDNER EVP & CHIEF HR OFFICER	(i)	133,543	43,373	1,564	8,967	10,147	197,594	0
	(ii)	156,768	50,916	1,836	10,527	11,910	231,957	0
9BRIAN BAUTISTA EVP & CHIEF OPERATING OFFICER	(i)	195,403	57,558	659	9,016	10,147	272,783	0
	(ii)	229,386	67,569	771	10,584	11,910	320,220	0
10PETER NEWMAN PHD VP RESEARCH & ASSOC. DIR. BRI.	(i)	354,174	47,702	13,056	22,400	8,113	445,445	0
	(ii)	0	0	0	0	0	0	0
11MAHRABOON IRANI MD MEDICAL DIR OF THERAPEUTIC SVS	(i)	344,895	9,213	5,618	19,600	22,057	401,383	0
	(ii)	0	0	0	0	0	0	0
12KENNETH FRIEDMAN MD MEDICAL DIRECTOR	(i)	338,019	12,031	5,801	22,353	15,534	393,738	0
	(ii)	0	0	0	0	0	0	0
13 MATTHEW ANDERSON MD VP & DIAGNOSTIC LAB MED. DIR.	(i)	315,992	37,022	1,744	19,600	22,057	396,415	0
	(ii)	0	0	0	0	0	0	0
14MAUREEN KWIECINSKI FORMER EVP & GEN. COUNSEL	(i)	0	15,605	119,821	0	336	135,762	0
	(ii)	0	18,318	140,658	0	393	159,369	0
15COLLEEN MCCARTHY CHIEF OF STAFF & VP ORGAN DON.	(i)	103,512	12,720	362	7,454	10,147	134,195	0
	(ii)	121,515	14,934	426	8,751	11,910	157,536	0
16BART REUTER EVP & GEN. COUNSEL-AS OF 1/19	(i)	145,096	0	724	8,957	9,694	164,471	0
	(ii)	170,331	0	852	10,512	11,382	193,077	0
17JOSHUA J FIELD MD MEDICAL DIRECTOR	(i)	332,330	14,644	1,796	19,600	22,057	390,427	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Versiti Wisconsin Inc

Employer identification number
39-0807235

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III, Line 4d	OTHER PROGRAM SERVICES VERSITI WISCONSIN FULFILLS ITS TAX-EXEMPT PURPOSE IN THREE WAYS: A. VERSITI WISCONSIN OPERATES THE COMPREHENSIVE CENTER FOR BLEEDING DISORDERS (CCBD), UNDER A FEDERAL SUBAWARD AGREEMENT OF THE SOCIAL SECURITY ACT. CCBD PROVIDES CRITICAL SERVES TO BLEEDING & CLOTTING DISORDER PATIENTS & THEIR FAMILIES. AS A COVERED ENTITY UNDER THE FEDERAL 340B DRUG DISCOUNT PROGRAM, Versiti Wisconsin IS ELIGIBLE TO ACCESS CERTAIN PHARMACEUTICALS AT DISCOUNTED PRICING. PHARMACEUTICAL NET INCOME IS PROGRAM INCOME & FUNDS ARE RESTRICTED TO ACTIVITIES & EXPENDITURES THAT FURTHER ELIGIBLE PROJECTS & PROGRAM OBJECTIVES, INCLUDING PATIENT CARE, EDUCATION, SUPPORT SERVICES, APPROVED GRANT RESEARCH & OTHER COSTS. B. ORGAN AND TISSUE DONATION COMBINES PROCUREMENT SERVICES AND EDUCATION TO ENHANCE THE LIVES OF PATIENTS AND PROVIDES GUIDANCE TO THE FAMILIES OF POTENTIAL DONORS. C. MEDICAL SCIENCES INSTITUTE PROVIDES MEDICAL SERVICES INCLUDING CONSULTATION WITH HOSPITALS WE SERVE, SPECIAL PATIENT SERVICES FOR PATIENTS WITH UNIQUE BLOOD DISORDERS INCLUDING PROVIDING COMMUNITY EDUCATION PROGRAMS FOR MEDICAL PROFESSIONALS THROUGH ROUTINE LECTURE SERIES AND THE SPECIALIST IN BLOOD BANKING PROGRAMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 6	MEMBERS OR STOCKHOLDERS VERSITI, INC. IS THE SOLE CORPORATE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, SECTION A, Lines 7a and 7b	MEMBER OR STOCKHOLDER POWERS VERSITI, INC. HAS RESERVE POWERS; INCLUDING THE ABILITY TO ELECT A MAJORITY OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	FORM 990 REVIEW VERSITI WISCONSIN UTILIZES GRANT THORNTON LLP TO COMPLETE THE IRS FORM 990 AND RELATED SCHEDULES. FOLLOWING COMPLETION, THEY ARE REVIEWED BY THE CONTROLLER AND CEO. THE DRAFT FORMS ARE THEN REVIEWED BY THE COMPLIANCE AND AUDIT COMMITTEE PRIOR TO SUBMISSION TO THE IRS. THE FULL BOARD IS PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 12c	CONFLICT OF INTEREST POLICY VERSITI WISCONSIN MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY. ON AN ANNUAL BASIS, CURRENT DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A DISCLOSURE FORM BASED ON IRS REQUIREMENTS THAT INCLUDES THE FOLLOWING: WHETHER THEY HAVE ANY DIRECT OR INDIRECT RELATIONSHIP EITHER THROUGH BUSINESS OR FAMILY MEMBER WITH THE ORGANIZATION. WHETHER THEY RECEIVED COMPENSATION FROM ANY ORGANIZATION THAT SHARES COMMON OWNERSHIP OR CONTROL WITH THE ORGANIZATION. WHETHER THEY HAVE SERVED AS AN OFFICER, DIRECTOR, KEY EMPLOYEE, PARTNER OR MEMBER OF AN ENTITY (OR SHAREHOLDER OF A PROFESSIONAL CORPORATION) DOING BUSINESS WITH THE ORGANIZATION. THESE ANSWERS ARE ACCUMULATED, SUMMARIZED AND EVALUATED BY MANAGEMENT TO DETERMINE IF ANY CONFLICTS EXIST. IDENTIFIED CONFLICTS ARE ADDRESSED IN ACCORDANCE WITH THE WRITTEN POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, SECTION B, LINES 15A AND 15B	COMPENSATION PROCESS VERSITI AND ITS AFFILIATED BLOOD CENTERS GREATLY VALUE THE GENEROUS C ONTRIBUTIONS OF THE INDIVIDUALS AND ORGANIZATIONS THAT SUPPORT OUR MISSION WITHIN THE COMM UNITY WE SERVE. IN ORDER TO ENSURE PROPER STEWARDSHIP OF OUR CHARITABLE RESOURCES, VERSITI AND ITS AFFILIATES FOLLOW A FORMALIZED PROCESS TO CONFIRM THAT COMPENSATION PROVIDED TO O UR EXECUTIVE LEADERSHIP TEAM IS FAIR, REASONABLE, AND NOT EXCESSIVE WHEN COMPARED TO OTHER EXECUTIVES. THIS PROCESS ALSO HELPS US ENSURE THAT OUR COMPENSATION PROGRAM SUPPORTS THE RETENTION OF EXPERIENCED, HIGHLY-QUALIFIED EXECUTIVES WHO ARE COMMITTED TO OUR MISSION. TH E COMPENSATION COMMITTEE OF THE VERSITI BOARD OF DIRECTORS, ACTING IN ITS CAPACITY AS THE COMPENSATION COMMITTEE, SETS AND MONITORS THE COMPENSATION PHILOSOPHY FOR VERSITI AND THE RELATED ENTITIES THAT IT SUPPORTS, INCLUDING VERSITI WISCONSIN. OTHER THAN THE VERSITI PRE SIDENT AND CHIEF EXECUTIVE OFFICER, THE COMPENSATION COMMITTEE DOES NOT INCLUDE MEMBERS OF MANAGEMENT AND IS COMPRISED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTERES T WITH RESPECT TO VERSITI COMPENSATION ARRANGEMENTS. THE VERSITI PRESIDENT AND CHIEF EXECU TIVE OFFICER RECUSES HER/HIMSELF FROM ALL DISCUSSIONS AND APPROVALS RELATED TO HER/HIS COM PENSATION. THE VERSITI COMPENSATION COMMITTEE REVIEWS EXECUTIVE COMPENSATION ARRANGEMENTS TO ENSURE SUCH ARRANGEMENTS ARE FAIR, REASONABLE, AND NOT EXCESSIVE WHEN COMPARED TO SIMIL ARLY-SITUATED EXECUTIVES. EXECUTIVE COMPENSATION ARRANGEMENTS ARE REVIEWED FOR REASONABLEN ESS AND APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY IN ACCORDANCE WITH THE VERSITI REA SONABLENESS REVIEW POLICY. IN ORDER TO ASSESS THE REASONABLENESS OF EXECUTIVE COMPENSATION ARRANGEMENTS, THE COMPENSATION COMMITTEE OBTAINS AND REVIEWS APPROPRIATE COMPARABILITY DA TA COLLECTED BY THE HUMAN RESOURCE DEPARTMENT AND A QUALIFIED INDEPENDENT COMPENSATION CON SULTANT. THE COMPENSATION COMMITTEE ENGAGES A QUALIFIED INDEPENDENT COMPENSATION CONSULTAN T ANNUALLY. THE INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS OF COMPENSATION LEVELS AT REGI ONAL AND NATIONAL ORGANIZATIONS OF COMPARABLE SIZE, SCOPE AND STRUCTURE; AND PROVIDES THE COMMITTEE WITH COMPREHENSIVE DATA ON THE AVAILABILITY OF SIMILAR SERVICES WITHIN THE GEOGR APHIC AREA, COMPENSATION SURVEYS, WRITTEN OFFERS FROM SIMILAR INSTITUTIONS, AND OTHER INFO RMATION RELEVANT TO COMPARABILITY OF COMPENSATION. THE COMPENSATION COMMITTEE'S REVIEW, RE COMMENDATIONS AND APPROVALS ARE DOCUMENTED CONCURRENTLY IN THE COMMITTEE MINUTES, WHICH AR E SUBSEQUENTLY REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE AS REASONABLE, ACCURATE AND COMPLETE. A COPY OF THE COMPENSATION COMMITTEES MINUTES IS ALSO PROVIDED TO THE VERSI TI BOARD OF DIRECTORS. VERSITI AND VERSITI WISCONSIN HAVE INCENTIVE PROGRAMS FOR EXECUTIVE S, DIRECTORS, MANAGEMENT, INVESTIGATORS AND STAFF DESCRIBED IN DETAILED WRITTEN POLICIES A PPROVED BY THE COMPENSATION COMMITTEE ANNUALLY. EVALUATION AND COMPENSATION REVIEW -CEO - EACH YEAR, THE EXECUTIVE/COMPE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, SECTION B, LINES 15A AND 15B	NSATION COMMITTEE EVALUATES THE CEO'S PERFORMANCE AGAINST ESTABLISHED OBJECTIVES, DETERMIN ES INCENTIVE PAYMENT AND MERIT INCREASE BASED UPON PERFORMANCE AND MARKET DATA PROVIDED BY THE THIRD PARTY COMPENSATION CONSULTANT, AND WORKS WITH THE CEO TO ESTABLISH OBJECTIVES F OR THE NEXT YEAR. -EXECUTIVES - EACH YEAR, THE VERSITI/VERSITI WISCONSIN CEO REVIEWS THE P ERFORMANCE OF EACH EXECUTIVE AND THE ACHIEVEMENT OF THEIR INDIVIDUAL GOALS AND OBJECTIVES. THE VERSITI/VERSITI WISCONSIN CEO PRESENTS HIS/HER RECOMMENDATIONS TO THE COMPENSATION CO MMITTEE, WHICH REVIEWS AND APPROVES RECOMMENDED COMPENSATION RANGES, AND APPROVES FINAL SA LARY AND INCENTIVE PAYMENTS. EXECUTIVES ARE POSITIONED WITHIN THE APPROPRIATE SALARY RANGE BASED UPON THE: -EXECUTIVE'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE, -PERFORMANCE OF THE EXECUTIVE'S AREAS OF RESPONSIBILITY, -THE EXECUTIVE'S CONTRIBUTION TO OVERALL PERFORMANCE , -THE IMPORTANCE OF RETAINING THE EXECUTIVE, -INTERNAL EQUITY CONSIDERATIONS, -THE FINANC IAL RESOURCES AVAILABLE, AND -EXECUTIVE BASE SALARY INCREASES PROVIDED IN THE COMPETITIVE MARKET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, SECTION C, LINE 19	ORGANIZATION'S DOCUMENTS OPEN TO THE PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST TO THE PUBLIC DURING NORMAL BUSINESS HOURS AND AT THE ORGANIZATION'S LOCATION. PART VII AVERAGE HOURS THE HOURS LISTED ON FORM 990, PART VII ARE REPRESENTATIVE OF AN AVERAGE FOR THE OFFICERS AND EXECUTIVE TEAM. EACH INDIVIDUAL PERSON'S WEEKLY TALLY MAY BE GREATER OR LESSER PER WEEK BASED ON THEIR INDIVIDUAL ROLES AND RESPONSIBILITIES WITHIN THE FILING ORGANIZATION AND RELATED PARTIES. THE SALARY PRESENTED FOR THE PRESIDENT AND CEO IS REFLECTIVE OF TOTAL SALARY COMPENSATION FOR SERVICES TO THE FILING ORGANIZATION AND RELATED AFFILIATES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part XI, Line 9	Other Changes in Net Assets Change in equity in Cenetron $ 66,433 BAD DEBT RESERVE ADJUSTMENT 18,005 --------- TOTAL 84,438

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:DONOR TESTING SERVICES TOTAL FEES:7240703

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED SERVICES TOTAL FEES:3338312

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:ANIMAL CARE COSTS TOTAL FEES:1553516

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OPERATING ROOM FEES TOTAL FEES:1028136

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING SERVICES TOTAL FEES:703760

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SHIPPING & TRANSPORTATION TOTAL FEES:653604

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SUBAWARDS TOTAL FEES:610436

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY HELP TOTAL FEES:552091

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHARMACY TOTAL FEES:544564

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE LAB SERVICES TOTAL FEES:510956

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:GRADUATE STUDENT STIPENDS TOTAL FEES:466689

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:ICU TOTAL FEES:455485

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:LAB TOTAL FEES:370475

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER HOSPITAL CHARGES TOTAL FEES:335777

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:FACILITY CHARGES TOTAL FEES:302794

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CARDIOLOGY TOTAL FEES:278347

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL TRANSPORT TOTAL FEES:260786

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CLAIM/BILLING REVIEW TOTAL FEES:250399

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:240636

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:ANESTHESIA TOTAL FEES:226444

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE MEDICAL DIRECTOR (OPO) TOTAL FEES:169025

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:RESPIRATORY THERAPY TOTAL FEES:161715

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:RADIOLOGY TOTAL FEES:157557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:FUNERAL HOME CHARGES TOTAL FEES:132943

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TISSUE DONOR TRANSPORT TOTAL FEES:131019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PS SUPPLIES TOTAL FEES:107496

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:393436

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Versiti Wisconsin Inc

Employer identification number
39-0807235

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
(1) RCRC INDEPENDENT REVIEW BOARD LLC 2111 W BRAKER LANE SUITE 100 AUSTIN, TX 78758 39-0807235	Review Board	TX	704,477	1,226,837	VERSITI WI

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

(a) 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	(g) No
(1)Versiti Blood Research Institute FND PO Box 2178 638 N 18th St Milwaukee, WI 53201 39-1372542	Supporting	WI	501(c)(3)	12B	Versiti		No
(2)Versiti Inc PO Box 2178 638 N 18th St Milwaukee, WI 53201 45-4675354	Supporting	WI	501(c)(3)	12B	NA		No
(3)Versiti Illinois Inc 1200 N Highland Ave Aurora, IL 60506 36-4179758	Blood	IL	501(c)(3)	10	Versiti		No
(4)Versiti Michigan Inc PO Box 1704 Grand Rapids, MI 49501 38-1550001	Blood	MI	501(c)(3)	10	Versiti		No
(5)Versiti Indiana Inc 3450 N Meridian St Indianapolis, IN 46208 35-0991629	Blood	IN	501(c)(3)	10	Versiti		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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) 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	(i) No
(1)CENETRON DIAGNOSTICS LLC 2111 W BRAKER LANE SUITE 300 AUSTIN, TX 78758 74-2760677	Labs & Trials	TX	VERSITI WI	C CORP	4,195,673	14,331,639	100.000 %	Yes	

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 orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CENETRON DIAGNOSTICS LLC	A	5,791	FMV
(2)CENETRON DIAGNOSTICS LLC	D	700,000	FMV
(3)CENETRON DIAGNOSTICS LLC	L	38,357	FMV
(4)CENETRON DIAGNOSTICS LLC	S	18,232	FMV

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) Disproprtionate 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