See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Gundersen Lutheran Medical Foundation, Inc.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 1836 South Avenue — Room/suite:

City or town, state or country, and ZIP + 4: La Crosse WI 54601

D Employer identification number: 39-1249705

E Telephone number: (608) 775-6600

G Gross receipts $: 37,030,575

F Name and address of principal officer: Mark Connelly, MD 1836 South Avenue, La Crosse, WI 54601

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? NA ☐ Yes ☐ No

If "No," attach a list (see instructions)

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

J Website: ► www.gundluth.org/glmf

H(c) Group exemption number ► N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1976

M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Gundersen Lutheran Medical Foundation enhances and supports quality healthcare by emphasizing medical education, health and wellness education, as well as clinically based research and community health outreach.

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	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	660
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	12,315
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

RECEIVED
JUN 30 2010
IRS-OSC
E64
OGDEN, UT

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,451,840	4,124,049
9	Program service revenue (Part VIII, line 2g)	9,991,337	10,549,862
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	281,998	-4,624,206
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	766,363	740,841
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,491,538	10,790,546
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,194,252	1,002,381
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)	11,919,981	12,839,613
16a	Professional fundraising fees (Part IX, column (A), line 11e)	262,106	287,943
b	Total fundraising expenses (Part IX, column (D), line 25) ► 2,208,475		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,194,340	3,014,925
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,570,679	17,144,862
19	Revenue less expenses. Subtract line 18 from line 12	-79,141	-6,354,316

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	39,736,860	45,153,417
21	Total liabilities (Part X, line 26)	3,759,919	3,734,062
22	Net assets or fund balances. Subtract line 21 from line 20	35,976,941	41,419,355

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: Mark V. Connelly MD — Date: 6-21-2010

Mark V. Connelly, MD Chairman of the Board

Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date — Check if self-employed ► ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 — EIN ► — Phone no ►

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The mission of Gundersen Lutheran Medical Foundation, Inc. is to enhance and support quality healthcare with an emphasis on medical education and health/wellness education, as well as clinically-based research and community outreach.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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.

4a (Code:) (Expenses $ 8,211,971 including grants of $ 0) (Revenue $ 7,986,229)
Educational Programs:
The Gundersen Lutheran Health System continues to serve as the Western Academic Campus for the University of Wisconsin School of Medicine and Public Health.
The Internal Medicine Residency Program has a full complement of 25 residents. In 2007, the Accreditation Council for Graduate Medical Education (ACGME) gave our Internal Medicine Residency Program full accreditation for three years. The ACGME has granted us permission to increase the size of the program from 24 to 25 residents on a temporary basis, through June 2010. For the eighth consecutive year, our internal medicine residents (as a group) scored above the 87th percentile on the In-Training Examination, when compared with all other Internal Medicine Residency Programs across the United States. Further, over the last six years, our Internal Medicine Residency Program graduates have achieved a board certification rate of 100%.
(continued on Schedule O)

4b (Code:) (Expenses $ 3,580,650 including grants of $ 0) (Revenue $ 2,222,437)
Research Programs:
During 2009, the Research department continued healthy growth. Fifty journal articles, three books, one book chapter, and forty-six web page articles were published. In addition, Gundersen Lutheran researchers expanded our academic presence by reviewing manuscripts for a number of top-tier journals and made 54 local, state, national, and international presentations last year. We continue to publish the Gundersen Lutheran Medical Journal. Even though the Journal is now available online, its hard-copy distribution in the region has expanded to 5,000 copies published on a semi-annual basis.
(continued on Schedule O)

4c (Code:) (Expenses $ 1,141,236 including grants of $ 0) (Revenue $ 1,019,186)
Bereavement & Advance Care Planning Programs:
Gundersen Lutheran Medical Foundation, Inc. sponsors educational programs in Bereavement and Advance Care Planning. Bereavement Services has developed a comprehensive approach to caring for families whose babies have died during pregnancy or shortly after birth. We have developed courses and a wide range of resources to support continued bereavement care and education. Advance Care Planning Services has developed a model for end of life planning and decision making. In 1981, Bereavement Services developed a comprehensive approach to caring for families whose babies died during pregnancy or shortly after birth. The RTS program (formally known as Resolve Through Sharing) was unique in healthcare.
(continued on Schedule O)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 1,002,381 including grants of $ 1,002,381) (Revenue $ 0)

4e Total program service expenses ► 13,936,238

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* NA	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes: X, No:)	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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*	17	X	
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	X	
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	X	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
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	X	
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 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? NA	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? NA	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? NA	24d		
25a	**Section 501(c)(3) and 501(c)(4) 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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	121		
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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? NA		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
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		X
b	If "Yes," enter the name of the foreign country: ► NA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? NA		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?		6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X	
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? NA		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	NA		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? NA		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? NA		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? NA		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966? NA		9a		
b	*Did the organization make a distribution to a donor, donor advisor, or related person?* NA		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	NA		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	NA		
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a	NA		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	NA		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? NA		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	NA		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	25		
b	Enter the number of voting members that are independent	1b	23		
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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*		9a		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? NA	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? NA	16b		

Section C. Disclosure

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

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

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Mary Rohe 608-775-6600
1836 South Avenue, La Crosse, WI 54601

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Mark V. Connelly, MD Chairman of the Board	18.	X		X				146,309	0	21,928
A. Erik Gundersen, MD Vice Chairman of the Board	40.	X		X				153,530	0	39,543
Pamela J. Padesky, RN Secretary of the Board	1.	X		X				0	0	0
Herbert M. Heili Treasurer of the Board	1.	X		X				0	0	0
Lisa Warsinske Board Member	1.	X						0	0	0
Sigurd B. Gundersen III, MD Board Member	1.	X						0	0	0
Stephen B. Webster, MD Board Member	1.	X						0	0	0
Edwin M. Overholt, MD Board Member	1.	X						0	0	0
Robert N. Golden, MD Board Member	1.	X						0	0	0
Donald Weber Board Member	1.	X						0	0	0
Tommy G. Thompson Board Member	1.	X						0	0	0
Mary Jo Werner Board Member	1.	X						0	0	0
Mary Burrichter Board Member	1.	X						0	0	0
Wendy K. Lommen Board Member	1.	X						0	0	0
George Kerckhove Board Member	2.	X						0	0	0
Ernest S. Micek Board Member	1.	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Kent C. Handel Board Member	1.	X						0	0	0
Todd A. Mahr, MD Board Member	1.	X						0	0	0
C. Daniel Gelatt Board Member	1.	X						0	0	0
Joe Gow Board Member	1.	X						0	0	0
Donald F. Frank Board Member	1.	X						0	0	0
Pauline Jackson, MD Board Member	1.	X						0	0	0
John B. Reinhart Board Member	1.	X						0	0	0
Barbara A. Skogen Board Member	1.	X						0	0	0
John Wettstein Board Member	1.	X						0	0	0
Trust Point, Inc. Planned Giving Trustee	1.		X					0	0	0
David Chestnut, MD Director of Medical Education	32.				X			315,080	0	43,022
Philip G. Schumacher Executive Director	40.					X		152,616	0	38,789
Steven M. Callister, PhD Senior Research Scientist	40.					X		129,430	0	20,885
1b Total ▶								1,273,615	0	257,944

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 8

			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		X
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	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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.

(A) Name and business address		(B) Description of services	(C) Compensation
Gund Luth Admin Service	1900 South Avenue, La Crosse, WI 54601	Purchased Services	12,839,613
The Angeletti Group, LLC	17 Village Rd Box 188, New Vernon, NJ 07976	Fundraising consultant	196,792
			0
			0
			0

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	229,021				
	b Membership dues	1b	0				
	c Fundraising events	1c	3,080				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,891,948				
	g Noncash contributions included in lines 1a-1f: $		365,625				
	h **Total.** Add lines 1a–1f			4,124,049			
		Business Code					
Program Service Revenue	2a Research Programs	541900		1,618,023	1,618,023	0	0
	b Educational Programs	611600		703,069	690,754	12,315	0
	c Contracted Services	900099		8,228,770	8,228,770	0	0
	d			0	0	0	0
	e			0	0	0	0
	f All other program service revenue			0	0	0	0
	g **Total.** Add lines 2a–2f			10,549,862			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,006,563	0	0	1,006,563
	4 Income from investment of tax-exempt bond proceeds			0	0	0	0
	5 Royalties			84,236	84,236	0	0
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0	0	0	0
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	20,421,664	0				
	b Less: cost or other basis and sales expenses	26,052,433	0				
	c Gain or (loss)	-5,630,769	0				
	d Net gain or (loss)			-5,630,769	0	0	-5,630,769
	8a Gross income from fundraising events (not including $ 283,190 of contributions reported on line 1c). See Part IV, line 18	a	126,780				
	b Less: direct expenses	b	83,483				
	c Net income or (loss) from fundraising events			43,297	0	0	43,297
	9a Gross income from gaming activities. See Part IV, line 19	a	22,429				
	b Less: direct expenses	b	2,875				
	c Net income or (loss) from gaming activities			19,554	0	0	19,554
	10a Gross sales of inventory, less returns and allowances	a	694,992				
	b Less: cost of goods sold	b	101,238				
	c Net income or (loss) from sales of inventory			593,754	593,754	0	0
	Miscellaneous Revenue		Business Code				
	11a			0	0	0	0
	b			0	0	0	0
	c			0	0	0	0
	d All other revenue			0	0	0	0
	e **Total.** Add lines 11a–11d			0			
	12 **Total revenue.** See instructions.			10,790,546	11,215,537	12,315	-4,561,355

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) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U.S. See Part IV, line 21	759,501	759,501		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	242,880	242,880		
3	Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	719,412	358,102	168,237	193,073
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	9,452,894	8,342,478	254,358	856,058
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	520,620	393,019	19,358	108,243
9	Other employee benefits	1,591,473	1,394,685	41,901	154,887
10	Payroll taxes	555,214	470,486	17,902	66,826
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	117,207	117,207	0	0
c	Accounting	34,765	0	34,765	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	287,943			287,943
f	Investment management fees	146,574	146,574	0	0
g	Other	382,630	162,488	1,437	218,705
12	Advertising and promotion	144,890	37,225	14,989	92,676
13	Office expenses	578,690	454,637	24,925	99,128
14	Information technology	74,443	48,778	4,000	21,665
15	Royalties	1,059	1,059	0	0
16	Occupancy	133,249	128,234	4,480	535
17	Travel	114,935	93,737	1,926	19,272
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	112,314	72,778	8,986	30,550
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	180,074	148,631	21,773	9,670
23	Insurance	90,561	77,161	3,997	9,403
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	Employee and related education	141,663	132,220	396	9,047
b	Memberships, dues and licenses	82,477	75,727	818	5,932
c	Recruiting	45,962	45,962	0	0
d	Research fees	201,655	201,655	0	0
e	Gundersen Lutheran Administrative Fee	369,000	0	369,000	0
f	All other expenses Miscellaneous	62,777	31,014	6,901	24,862
25	**Total functional expenses.** Add lines 1 through 24f	17,144,862	13,936,238	1,000,149	2,208,475
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	1,071,888	2	1,253,204
	3	Pledges and grants receivable, net	2,671,286	3	1,731,200
	4	Accounts receivable, net	332,885	4	352,577
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	123,361	8	118,588
	9	Prepaid expenses and deferred charges	58,813	9	52,332
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,431,249			
	b	Less: accumulated depreciation — 10b: 1,157,883	1,333,399	10c	1,273,366
	11	Investments—publicly traded securities	24,611,935	11	33,407,988
	12	Investments—other securities. See Part IV, line 11	3,864,304	12	0
	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	5,668,989	15	6,964,162
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	39,736,860	16	45,153,417
Liabilities	17	Accounts payable and accrued expenses	1,797,121	17	2,094,470
	18	Grants payable	1,563,628	18	1,201,805
	19	Deferred revenue	64,434	19	66,404
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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. Complete Part X of Schedule D	334,736	25	371,383
	26	**Total liabilities.** Add lines 17 through 25	3,759,919	26	3,734,062
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	17,385,201	27	20,804,146
	28	Temporarily restricted net assets	6,000,036	28	7,065,485
	29	Permanently restricted net assets	12,591,704	29	13,549,724
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33	Total net assets or fund balances	35,976,941	33	41,419,355
	34	Total liabilities and net assets/fund balances	39,736,860	34	45,153,417

Part XI Financial Statements and Reporting

			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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
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? See Schedule O	3a		X
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. NA	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer Identification number
Gundersen Lutheran Medical Foundation, Inc.	39-1249705

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

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

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

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

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g *Since August 17, 2006, has the organization accepted any gift or contribution from any of the* following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,850,465	3,988,304	4,724,274	5,451,840	4,124,049	25,138,932
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	6,850,465	3,988,304	4,724,274	5,451,840	4,124,049	25,138,932
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)						5,146,363
6 **Public support.** Subtract line 5 from line 4.						19,992,569

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,850,465	3,988,304	4,724,274	5,451,840	4,124,049	25,138,932
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,103,253	1,148,860	1,447,334	1,272,578	1,006,563	5,978,588
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						31,117,520
12 Gross receipts from related activities, etc. (see instructions)					12	50,428,473

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 2009 (line 6, column (f) divided by line 11, column (f))	14	64.25%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	64.75%

16a **33 1/3% support test–2009.** 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–2008.** 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–2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test–2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.) NA

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
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	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests–2009.** 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–2008.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Gundersen Lutheran Medical Foundation, Inc.

Employer identification number

39-1249705

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to Form 990, Part IV, line 7. NA

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

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ 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 Tax 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 8/17/06	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, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8. NA

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 XIV.

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" to 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 XIV and complete the following table:

		Amount
c Beginning balance	1c	0
d Additions during the year	1d	0
e Distributions during the year	1e	0
f Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	29,526,470	36,065,812			
b Contributions	2,480,367	2,673,145			
c Net investment earnings, gains, and losses	3,360,863	-7,900,476			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	1,153,418	1,312,011			
f Administrative expenses	0	0			
g End of year balance	34,214,282	29,526,470			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 53%
b Permanent endowment ▶ 40%
c Term endowment ▶ 7%

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	1,042,624	448,382	594,242
d Equipment	0	1,388,625	709,501	679,124
e Other	0	0	0	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,273,366

Part VII Investments—Other Securities. See Form 990, Part X, line 12. NA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13. NA

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13)* ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Misc other assets	10,000
Charitable gift annuity reserve	640,628
Beneficial interest trusts	5,322,715
Split interest agreements	291,982
Investment in Shared Health Services Corp (Equity Method)	364,076
Life insurance cash surrender value	106,061
Donated property	228,700
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	6,964,162

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	0
Discount for future interest	14,426
Liabilities under unitrust agreement	146,573
Annuity payment liability	210,384
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	371,383

2. FIN 48 Footnote. In Part XIV, 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. NA

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,790,546
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,144,862
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-6,354,316
4	Net unrealized gains (losses) on investments	4	11,796,729
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	11,796,729
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,442,413

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

1	Total revenue, gains, and other support per audited financial statements			1	22,628,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	11,796,729		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV.)	2d	0		
e	Add lines 2a through 2d			2e	11,796,729
3	Subtract line 2e from line 1			3	10,831,568
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	146,574		
b	Other (Describe in Part XIV.)	4b	-187,596		
c	Add lines 4a and 4b			4c	-41,022
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	10,790,546

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	17,185,884
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV.)	2d	187,596		
e	Add lines 2a through 2d			2e	187,596
3	Subtract line 2e from line 1			3	16,998,288
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	146,574		
b	Other (Describe in Part XIV.)	4b	0		
c	Add lines 4a and 4b			4c	146,574
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	17,144,862

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII Line 4b

Amount includes direct expenses related to fundraising events and cost of goods sold on inventory items

Part XIII Line 2d

Amount includes direct expenses related to fundraising events and cost of goods sold on inventory items

Part XIV Supplemental Information *(continued)*

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Gundersen Lutheran Medical Foundation, Inc.	39-1249705

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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? . . . . . NA ☐ Yes ☐ No

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Consultation and training	3,033
Europe	0	0	Program Services	Consultation	1,856
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
	0	0			0
Totals ►	0	0			4,889

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐

Use Schedule F-1 (Form 990) if additional space is needed.

NA

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		

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

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1(Form 990) if additional space is needed.

NA

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
Gundersen Lutheran Medical Foundation, Inc.

Employer identification number
39-1249705

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
The Angeletti Group, LLC	Fundraising consultant		X	0	196,792	-196,792
Eddie Thompson & Associates	Planned Giving Advisor		X	0	67,899	-67,899
Ruffalo Cody & Assocaites, Inc.	Telemarketing Services		X	19,225	23,252	-4,027
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total . . . . . ▶				19,225	287,943	-268,718

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MN, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Cancer Walk (event type)	(b) Event #2 Cancer Dinner (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	318,966	39,664	45,967	404,597
	2 Less: Charitable contributions	253,111	36,899	4,440	294,450
	3 Gross income (line 1 minus line 2)	65,855	2,765	41,527	110,147
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	1,987	2,588	4,575
	7 Food and beverages	0	7,174	77	7,251
	8 Entertainment	0	0	0	0
	9 Other direct expenses	49,262	2,051	10,163	61,476
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(73,302)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				36,845

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	0	0	22,429	22,429
Direct Expenses	2 Cash prizes	0	0	2,875	2,875
	3 Noncash prizes	0	0	0	0
	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	0	0	0	0
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100.00% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(2,875)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				19,554

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: WI			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," explain: NA			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain: NA			
11	Does the organization operate gaming activities with nonmembers?	11	X	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	**13a** 100.00%		
b	An outside facility	**13b** 0.00%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ Mary Rohe			
	Address ▶ 1836 South Avenue La Crosse, WI 54601			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.			
c	If "Yes," enter name and address of the third party:			
	Name ▶ NA			
	Address ▶			
16	Gaming manager information:			
	Name ▶ David Amborn			
	Gaming manager compensation ▶ $ 0			
	Description of services provided ▶ Supervision and management of gaming activities			
	☐ Director/officer ☒ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ NA			

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, lines 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Gundersen Lutheran Medical Foundation, Inc.

Employer identification number

39-1249705

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? . . . . . [X] 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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (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
Gundersen Lutheran Administrativ La Crosse, WI 54601	39-1606449	501(c)(3)	303,514	0			Equipment, patient and staff education, etc.
Gundersen Clinic, Ltd. La Crosse, WI 54601	39-1028657	501(c)(3)	224,323	0			Equipment, patient and staff education, etc.
Gundersen Lutheran Medical Cen La Crosse, WI 54601	39-0813416	501(c)(3)	146,445	0			Equipment, patient and staff education, etc.
Children's Museum La Crosse, WI 54601	39-1856383	501(c)(3)	25,000	0			Program support of wellness exhibit
La Crosse Area Family YMCA La Crosse, WI 54601	39-0806172	501(c)(3)	10,000	0			Program support for Miracle Field
Family and Children's Center La Crosse, WI 54601	39-0821863	501(c)(3)	7,500	0			Program support for Healthy Families Proc
Independent Living Resources La Crosse, WI 54601	39-1762026	501(c)(3)	7,000	0			Program support for drop-in-center
Community Fdtn of Winneshiek C Waterloo, IA 50704	42-1466648	501(c)(3)	6,798	0			Program support for community trail
Friends of the Coulee Region RSV La Crosse, WI 54601	39-1781646	501(c)(3)	5,500	0			Driver escort and sewing projects
The Read Clinic La Crosse, WI 54601	20-3219426	501(c)(3)	5,000	0			Program support for reading tutoring
Marshfield Clinic - Chippewa Cent Chippewa Falls, WI 54729	39-0452970	501(3)(3)	5,500	0			Program support for bicycle safety
			0	0			

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 11

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Transportation and lodging	313	96,788	0		
Respite services	108	51,834	0		
Reading tutor for high risk students	12	5,577	0		
Adaptive equipment, meals, & other living expenses	2,026	88,681	0		
	0	0	0		
	0	0	0		
	0	0	0		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part 1 Line 2

The Foundation monitors grant awards for proper usage of funds by requesting that the grant recipients provide feedback on their programs, a summarization of grant related expenditures, copies of receipts and/or other documentation to support the expenditure of the grant award.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Gundersen Lutheran Medical Foundation, Inc.

Employer identification number

39-1249705

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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 . . . . . NA	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . NA	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ 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 in 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in 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		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . NA	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mark V. Connelly, MD	(i)	146,309	0	0	13,879	8,049	168,237	0
	(ii)	0	0	0	0	0	0	0
A. Erik Gundersen, MD	(i)	153,512	0	18	23,246	16,297	193,073	0
	(ii)	0	0	0	0	0	0	0
David Chestnut, MD	(i)	314,778	0	302	28,593	14,429	358,102	0
	(ii)	0	0	0	0	0	0	0
Philip G. Schumacher	(i)	152,256	0	360	22,511	16,278	191,405	0
	(ii)	0	0	0	0	0	0	0
Steven M. Callister, PhD	(i)	129,412	0	18	18,836	2,049	150,315	0
	(ii)	0	0	0	0	0	0	0
Steven B. Pearson, MD	(i)	147,269	0	1,874	22,477	11,814	183,434	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Part I Line 3

All personnel services for Gundersen Lutheran Medical Foundation, Inc. are performed by employees of Gundersen Lutheran Administrative Services, Inc.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
► See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

Gundersen Lutheran Medical Foundation, Inc.

Employer identification number

39-1249705

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Carl Simon Shelley, D. Phil. Senior Research Scientist	40.					X		115,530	0	33,312
Steven B. Pearson, MD Internal Medicine Program Director	28.					X		149,143	0	34,291
Roseann E. Netzer Clinical Academic Coordinator	40.					X		111,977	0	26,174

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: Gundersen Lutheran Medical Foundation, Inc.

Employer identification number: 39-1249705

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	8	114,473	Market value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	2	228,700	Market value
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Auction items)	X	108	16,252	Market value
26	Other ▶ (Estate property)	X	1	6,200	Market value
27	Other ▶ (_____)		0	0	
28	Other ▶ (_____)		0	0	

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0	
30 a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
Gundersen Lutheran Medical Foundation, Inc.	39-1249705

Form 990, Part III, Line 4a (Educational Programs):

Our General Surgery Residency Program has a full complement of 10 residents. The ACGME has approved our request to expand the size of our program from two residents per year to three residents per year, effective July 1, 2010. At full maturity, this will result in an expansion of our General Surgery Residency Program from 10 to 15 residents. Our General Surgery Residency Program is one of eight (8) general surgery residency programs in the nation whose graduates have passed both the written and oral ABS examinations on their first attempt during the last five years. Further, over the last 13 years, all of our General Surgery Residency graduates have passed both the written and oral ABS examinations on their first attempt.

The Transitional Year Residency Program has a full complement of 12 residents. This program provides a one-year broad based clinical experience for young physicians who are planning to pursue residency training in anesthesiology, dermatology, occupational medicine, ophthalmology, physical medicine and rehabilitation, radiation oncology, or radiology. In 2007, the ACGME gave our Transitional Year Residency Program full accreditation for five years.

The Oral and Maxillofacial Surgery Residency (OMFS) Program is the oldest postgraduate medical education program at Gundersen Lutheran. The program currently has a full complement of four residents.

The Podiatric Medicine and Surgery Residency Program is now in its 20th year of existence. The program has evolved into a nationally recognized three-year residency program. All of our program graduates are board certified. The program currently has a full complement of three residents. The Council on Podiatric Medical Education has approved an expansion in the size of our residency program from one resident per year to two residents per year, effective July 1, 2010. At full maturity, this will result in an expansion of our program from three to six residents. In addition, the program has successfully recruited a new rear foot and ankle podiatric surgeon, which will enhance the educational experience for our residents.

The Minimally Invasive Bariatric Surgery and Advanced Laparoscopy Fellowship currently has a full complement of one fellow. The Fellowship Council recently granted our fellowship program full accreditation for another three years, from 2009 to 2012. Recently, we learned that we again matched with one of our top choices for the next academic year.

The ACGME has approved our application for accreditation of a new three-year fellowship program in hematology and medical oncology. The accreditation includes approval for training two fellows per year. At full maturity, we will have as many as six fellows in training. The first two fellows will begin their training in July, 2010.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Part I Line 32b

Auction related items are donated and later sold at various fundraising events. These events are coordinated by volunteers.

Real estate agents will assist with the sale of residential real estate.

Name of the organization	Employer identification number
Gundersen Lutheran Medical Foundation, Inc.	39-1249705

Form 990, Part III, Line 4a (Educational Programs):

We also sponsor a Pharm D Residency Program and a Sports Medicine Physical Therapy Residency Program.

In 2009, we offered 300 plus hours of continuing education (CME) credit. We hosted 36 postgraduate CME symposia that were attended by 975 registrants.

Form 990, Part III, Line 4b (Research Programs):

Ten students were selected for the highly competitive Summer Research Fellowship program in 2009. All successfully completed their research projects, and many are in the process of submitting the results of their studies for publication.

The department supports research throughout the organization, with staff available to assist with study design, data collections, biostatistical analysis, and manuscript editing and preparation. There are additional research staff for the departments of Surgery, Cardiology, and for the Center for Cancer and Blood Disorders. The department's clinical research staff continues to provide contracted clinical trial services to test new medications and devices.

The Microbiology Research Laboratory was created in 1985 to address the growing concern surrounding a new tick-borne illness called Lyme disease. The researchers have also expanded their scope of work to other infectious disease topics, including molecular diagnostic microbiology testing. The microbiology research group partnered with an animal health research and marketing firm to release a new generation USDA approved canine Lyme disease vaccine.

The cancer research laboratory is actively pursuing avenues of research and gaining new insights into the molecular basis of cancer. This laboratory coordinates basic science cancer research with the Gundersen Lutheran Center for Cancer and Blood Disorders. In 2009 we began to catalogue and examine the archive of cancer tissues from our newly created "BioBank".

During 2009, a new Rheumatology Research department was established. This work focuses on Immunology, with the goal of advancing medical knowledge of the influence of chronic viral infections on the immune system and studying the effects of how persistent viral infections alter human susceptibility to infections and autoimmune disease.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Gundersen Lutheran Medical Foundation, Inc.

Employer identification number

39 1249705

Form 990, Part III, Line 4c:

Bereavement and Advance Care Planning: In 1991, an improved model for end-of-life planning and decision making was developed and tested. The program was unique in that it used an integrated approach that not only depended on printed material and videos to educate the community, but also provided the personal assistance of trained staff. This application was then integrated as the routine standard of care through consistently applied policies and practices. The lessons and skills learned have been developed into a comprehensive curriculum that has become known as Gundersen Lutheran's Respecting Choices Organization and Community Advance Care Planning Course. Our education programs train health care professionals how to facilitate Advance Care Planning (ACP) discussions and teach organizations how to implement effective ACP systems. During 2009, the department presented 59 days of national education and 32 days of consultation. We continue to develop and enhance our innovative approach to education through online learning and blended training. We sold approximately 1000 online learning seats. In addition, there was one system sale of 1800 Role of the RN seats. The international presence of Respecting Choices was extended with courses in Germany and Singapore. We designed and implemented three new courses: Blueprint for a Perinatal Pallicative Care, Perinatal Hospice Program, and Building Foundations basic and systems courses. The POLST facilitator and instructor certifications introduced in 2008 were expanded and improved in 2009.

Form 990, Part III, Line 4d (Community Health Programs):

The community health programs sponsored by Gundersen Lutheran Medical Foundation, Inc. promote community health, emphasize disease prevention, wellness and other patient education programs. A total of 16 grants were awarded for education purposes, 5 for equipment purchases, 120 for various Gundersen Lutheran program services, and 38 grants were awarded to enhance patient and community health.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Gundersen Lutheran Medical Foundation, Inc.	39 1249705

Form 990, Part VI, Section B, Line 11:

Prior to filing, the Form 990 is reviewed for completeness and accuracy by Management. For this purpose, Management includes the Chief Financial Officer and the Controller for Gundersen Lutheran Health System, Inc. and the Chairman of the Board and the Accounting Manager for Gundersen Lutheran Medical Foundation, Inc. Prior to filing, a copy of the Form 990 has also been provided to each member of the Gundersen Lutheran Medical Foundation, Inc. governing board.

Form 990, Part VI, Section B, Line 12c:

Each member of the Gundersen Lutheran Medical Foundation, Inc. governing board signs a conflict of interest statement on an annual basis. Members are asked to disclose conflicts as appropriate and abstain from voting when applicable.

Form 990, Part VI, Section B, Line 15:

The compensation of medical staff and key employees is determined annually by a committee made up of the community members of the Gundersen Lutheran Board of Trustees. Their determination is made after a review of market data obtained from several organizations. Minutes are taken and kept of the meetings at which such discussions take place. The most recent review was in June 2009.

Form 990, Part VI, Section C, Line 19:

Requests for Form 990's and certain other tax information is available for public inspection and copying through the Gundersen Lutheran legal department. A copy of the Gundersen Lutheran Medical Foundation, Inc. Form 990 can also be found electronically on guidestar.org.

Form 990 Part XI line 3a:

Gundersen Lutheran Medical Foundation, Inc. operates in conjunction with a group of other affiliated corporations governed by Gundersen Lutheran Health System, Inc. As such, any federal awards to Gundersen Lutheran Medical Foundation undergo an audit as set forth in the Single Audit Act and OMB Circular A-133.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Gundersen Lutheran Medical Foundation, Inc.

Employer identification number
39-1249705

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

(a) Name, address, and EIN 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
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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
Gundersen Lutheran Health System, Inc. 39-1866425 1836 South Avenue, La Crosse, WI 54601	Supporting Org	WI	501(c)(3)	7	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		
					0	0			0		

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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

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 other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	NA		0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		
					0			0		