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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

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) | Room/suite
1836 SOUTH AVENUE

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 $ 40,114,548

F Name and address of principal officer
MARK V 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? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GUNDLUTH ORG/GLMF

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
TO ENHANCE AND SUPPORT 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**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	610
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,730
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,742,052	13,904,510
9	Program service revenue (Part VIII, line 2g)	12,891,612	13,994,598
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	498,197	1,775,841
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	904,275	1,033,545
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,036,136	30,708,494
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,555,876	4,340,273
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)	13,549,094	15,059,645
16a	Professional fundraising fees (Part IX, column (A), line 11e)	256,549	202,173
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,301,020		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,157,517	3,378,759
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,519,036	22,980,850
19	Revenue less expenses Subtract line 18 from line 12	1,517,100	7,727,644
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	54,050,002	58,583,706
21	Total liabilities (Part X, line 26)	6,865,402	5,386,792
22	Net assets or fund balances Subtract line 21 from line 20	47,184,600	53,196,914

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

****** | 2012-11-13
Signature of officer | Date

MARK V CONNELLY MD CHAIRMAN OF THE BOARD
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MARY JO WERNER CPA	Date 2012-11-13	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00365167
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WIPFLI LLP 2 COPELAND AVENUE SUITE 301 LA CROSSE, WI 54603			EIN ▶ 39-0758449 Phone no ▶ (608) 784-7300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 9,166,131 including grants of $) (Revenue $ 9,745,640)

EDUCATIONAL PROGRAMS GUNDERSEN LUTHERAN IS ONE OF THE PREMIER COMMUNITY-BASED ACADEMIC HEALTH CENTERS FULLY ACCREDITED MEDICAL RESIDENCY PROGRAMS ARE OFFERED IN INTERNAL MEDICINE, GENERAL SURGERY, ORAL AND MAXILLOFACIAL SURGERY, PODIATRIC MEDICINE AND SURGERY AND TRANSITIONAL YEAR THE MEDICAL RESIDENCY PROGRAMS OFFER A BALANCE OF PRIMARY, TERTIARY, INPATIENT AND OUTPATIENT MEDICINE GUNDERSEN LUTHERAN SERVES AS THE WESTERN ACADEMIC CAMPUS FOR THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH (UW-SMPH) NOT ONLY DO WE TEACH MEDICAL STUDENTS ENROLLED IN THE TRADITIONAL MEDICAL EDUCATION PROGRAM BUT WE SERVE AS A TRAINING SITE FOR MEDICAL STUDENTS ENROLLED IN THE WISCONSIN ACADEMY FOR RURAL MEDICINE (WARM), AN EXCITING NEW PROGRAM SPONSORED BY THE UW-SMPH AS BOTH A TEACHING AND RESEARCH FACILITY, WE PROVIDE ACCESS TO CUTTING-EDGE MEDICAL KNOWLEDGE AND STATE-OF-THE ART CLINICAL CARE FOR THE TRI-STATE REGION IN 2011, WE OFFERED 270 PLUS HOURS OF CONTINUING MEDICAL EDUCATION (CME) CREDIT AND HOSTED 35 POSTGRADUATE CME SYMPOSIA THAT WERE ATTENDED BY 1,326 REGISTRANTS

4b (Code) (Expenses $ 5,053,516 including grants of $) (Revenue $ 3,641,848)

RESEARCH PROGRAMS THE GUNDERSEN LUTHERAN MEDICAL FOUNDATION RESEARCH PROGRAM IS CLINICALLY ORIENTED SCIENCE THAT SEEKS EVIDENCE-BASED, REPRODUCIBLE ANSWERS TO IMPORTANT QUESTIONS THAT PERTAIN TO THE HEALTH OF THE CITIZENS OF THE TRI-STATE REGION THE RESEARCH HELPS DIRECT MEDICAL STAFF TO PROVIDE PATIENTS WITH THE MOST UP-TO-DATE ADVANCEMENTS IN MEDICAL CARE THE DEPARTMENT SUPPORTS RESEARCH THROUGHOUT THE ORGANIZATION HIGHLIGHTED BY THE NAMING OF A NATIONAL CANCER INSTITUTE COMMUNITY CANCER CENTER WHICH IS ONE OF THIRTY SUCH SITES IN THE NATION THE DEPARTMENT OF RESEARCH NOW SUPPORTS THREE FULLY EQUIPPED AND STAFFED RESEARCH LABORATORIES, ONE OF WHICH HAS ALREADY EARNED A SOLID REPUTATION AS A LEADER IN LYME DISEASE RESEARCH IN 2011, THE RESEARCH DEPARTMENT PUBLISHED 57 JOURNALS AND ARTICLES, 2 BOOK CHAPTERS, AND CONDUCTED 62 PRESENTATIONS

4c (Code) (Expenses $ 954,247 including grants of $) (Revenue $ 631,871)

BEREAVEMENT & ADVANCE CARE PLANNING PROGRAMS GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC SPONSORS EDUCATIONAL PROGRAMS IN BEREAVEMENT AND ADVANCE CARE PLANNING AND HAS DEVELOPED COURSES AND RESOURCES TO SUPPORT CONTINUED BEREAVEMENT CARE AND EDUCATION OUR EDUCATION PROGRAMS TRAIN HEALTH CARE PROFESSIONALS ON HOW TO FACILITATE ADVANCE CARE PLANNING (ACP) DISCUSSIONS AND TEACH ORGANIZATIONS ON HOW TO IMPLEMENT EFFECTIVE ACP SYSTEMS WE CONTINUE TO DEVELOP AND ENHANCE OUR INNOVATIVE APPROACH TO EDUCATION THROUGH ONLINE LEARNING AND BLENDED TRAINING IN 2011, THE DEPARTMENT PRESENTED 66 DAYS OF NATIONAL EDUCATION AND 20 DAYS OF CONSULTATION RESPECTING CHOICES IS A DEPARTMENT OF GUNDERSEN LUTHERAN MEDICAL FOUNDATION AND IS AN INTERNATIONALLY RECOGNIZED, EVIDENCE-BASED ADVANCE CARE PLANNING PROGRAM THAT HAS PROVIDED TRAINING, CONSULTATION, AND MATERIALS TO ORGANIZATIONS AND COMMUNITIES AROUND THE WORLD RESPECTING CHOICES ASSISTS OTHER ORGANIZATIONS IN REPLICATING THE MODELS ESTABLISHED

(Code) (Expenses $ 4,489,618 including grants of $) (Revenue $ 910,424)

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 37 GRANTS WERE AWARDED FOR EDUCATION PURPOSES, 31 FOR EQUIPMENT PURCHASES, 140 FOR VARIOUS GUNDERSEN LUTHERAN PROGRAM SERVICES, AND 47 GRANTS WERE AWARDED TO ENHANCE PATIENT AND COMMUNITY HEALTH IN ADDITION, 2,821 GRANTS WERE AWARDED TO INDIVIDUALS FOR TRANSPORTATION, RESPITE SERVICES, TUTORING, ADAPTIVE EQUIPMENT, MEALS AND OTHER LIVING EXPENSES

4d Other program services (Describe in Schedule O)

(Expenses $ 4,489,618 including grants of $) (Revenue $ 910,424)

4e **Total program service expenses** ▶ $ 19,663,512

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	115		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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?			**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DARA BARTELS CONTROLLER
1900 SOUTH AVENUE NCA1-01
LA CROSSE, WI 54601
(608) 775-9487

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	3,512,569	687,697

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GUNDERSEN LUTHERAN ADMIN SERVICES INC 1900 SOUTH AVENUE LA CROSSE, WI 54601	PURCHASED SERVICES	15,059,645
THE ANGELETTI GROUP LLC 17 VILLAGE ROAD BOX 188 NEW VERNON, NJ 07976	FUNDRAISING CONSULTANT	132,051

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 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	83,750				
	b	Membership dues					
	c	Fundraising events	358,879				
	d	Related organizations	686,133				
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	12,775,748				
	g	Noncash contributions included in lines 1a-1f $ 322,214					
	h	**Total.** Add lines 1a-1f		13,904,510			
Program Service Revenue			Business Code				
	2a	CONTRACTED SERVICES	900099	9,977,745	9,977,745		
	b	RESEARCH PROGRAMS	541900	2,720,020	2,720,020		
	c	EDUCATIONAL PROGRAMS	611600	1,296,833	1,287,103	9,730	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		13,994,598			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,258,402			1,258,402
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		303,314	303,314		
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	9,628,638	106,013			
	b	Less cost or other basis and sales expenses	9,127,460	89,752			
	c	Gain or (loss)	501,178	16,261			
	d	Net gain or (loss)		517,439			517,439
	8a	Gross income from fundraising events (not including $ 358,879 of contributions reported on line 1c) See Part IV, line 18 a	134,838				
	b	Less direct expenses b	71,173				
	c	Net income or (loss) from fundraising events		63,665			63,665
	9a	Gross income from gaming activities See Part IV, line 19 a	35,510				
	b	Less direct expenses b	815				
	c	Net income or (loss) from gaming activities		34,695			34,695
	10a	Gross sales of inventory, less returns and allowances a	748,725				
	b	Less cost of goods sold b	116,854				
	c	Net income or (loss) from sales of inventory		631,871	631,871		
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		30,708,494	14,920,053	9,730	1,874,201

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,023,405	4,023,405		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	316,868	316,868		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,384,926	787,268	169,101	428,557
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,734,360	9,760,066	235,017	739,277
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	486,018	380,302	17,406	88,310
9	Other employee benefits	1,834,848	1,616,971	54,911	162,966
10	Payroll taxes	619,493	531,110	17,142	71,241
11	Fees for services (non-employees)				
a	Management				
b	Legal	49,123	49,048		75
c	Accounting	38,685		38,685	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	202,173			202,173
f	Investment management fees	266,199	266,199		
g	Other	376,427	248,709	4,218	123,500
12	Advertising and promotion	148,083	74,505	4,033	69,545
13	Office expenses	738,234	463,338	48,985	225,911
14	Information technology	57,082	34,712	4,000	18,370
15	Royalties . .	75,865	75,865		
16	Occupancy	152,637	127,935	4,480	20,222
17	Travel	186,230	162,215	190	23,825
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	143,894	101,508	9,735	32,651
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	177,997	149,429	18,898	9,670
23	Insurance	98,094	82,656	3,769	11,669
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	GUNDERSEN LUTHERAN ADMI	442,537	73,537	369,000	0
b	MEMBERSHIPS, DUES AND L	169,178	117,656	15,737	35,785
c	EMPLOYEE AND RELATED ED	134,802	132,747	0	2,055
d	RECRUITING	55,207	55,207	0	0
e					
f	All other expenses	68,485	32,256	1,011	35,218
25	**Total functional expenses.** Add lines 1 through 24f	22,980,850	19,663,512	1,016,318	2,301,020
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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			1	
	2	Savings and temporary cash investments		2,724,960	2	4,687,352
	3	Pledges and grants receivable, net		2,940,337	3	8,860,941
	4	Accounts receivable, net		3,087,579	4	1,244,559
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		122,915	8	106,737
	9	Prepaid expenses and deferred charges		68,941	9	114,141
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,535,156			
	b	Less accumulated depreciation	10b 1,528,913	1,130,777	10c	1,006,243
	11	Investments—publicly traded securities		36,122,527	11	34,835,790
	12	Investments—other securities See Part IV, line 11		0	12	427,200
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		7,851,966	15	7,300,743
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		54,050,002	16	58,583,706
Liabilities	17	Accounts payable and accrued expenses		3,004,442	17	2,373,929
	18	Grants payable		3,101,014	18	2,177,990
	19	Deferred revenue		241,461	19	344,109
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		518,485	25	490,764
	26	**Total liabilities.** Add lines 17 through 25		6,865,402	26	5,386,792
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		25,947,541	27	25,361,822
	28	Temporarily restricted net assets		6,848,398	28	13,157,844
	29	Permanently restricted net assets		14,388,661	29	14,677,248
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		47,184,600	33	53,196,914
	34	Total liabilities and net assets/fund balances		54,050,002	34	58,583,706

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	30,708,494
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,980,850
3	Revenue less expenses Subtract line 2 from line 1	3	7,727,644
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	47,184,600
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,715,330
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	53,196,914

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Employer identification number
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 **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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,724,274	5,451,840	4,124,049	7,742,052	13,904,510	35,946,725
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,724,274	5,451,840	4,124,049	7,742,052	13,904,510	35,946,725
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)						4,930,023
6 **Public Support.** Subtract line 5 from line 4						31,016,702

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,724,274	5,451,840	4,124,049	7,742,052	13,904,510	35,946,725
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,447,334	1,272,578	1,006,563	1,090,598	1,258,402	6,075,475
9 Net income from unrelated business activities, whether or not the business is regularly carried on		3,018	12,315	13,386		28,719
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						42,050,919

12 Gross receipts from related activities, etc (See instructions)	12	61,665,940

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	73 760 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	68 040 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 may 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.

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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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.

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 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
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	14,388,661	33,475,760	29,526,470	36,065,812	
b	Contributions	629,743	1,997,884	2,480,367	2,673,145	
c	Investment earnings or losses	-335,317	3,534,634	3,360,863	-7,900,476	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	5,839	1,301,332	1,891,940	1,312,011	
f	Administrative expenses					
g	End of year balance	14,677,248	37,706,946	33,475,760	29,526,470	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,000		10,000
b Buildings		980,055	470,259	509,796
c Leasehold improvements				
d Equipment		1,482,532	1,024,686	457,846
e Other		62,569	33,968	28,601
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,006,243

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

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

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

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

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

(a) Description	(b) Book value
(1) MISCELLANEOUS OTHER ASSETS	375
(2) CHARITABLE GIFT ANNUITY RESERVE	1,153,491
(3) BENEFICIAL INTEREST TRUSTS	5,122,490
(4) SPLIT INTEREST AGREEMENTS	239,249
(5) INVESTMENT IN SHARED HEALTH SERVICES CORP (EQUITY METHOD)	493,871
(6) LIFE INSURANCE CASH SURRENDER VALUE	277,867
(7) DONATED PROPERTY	13,400
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,300,743

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LIABILITIES UNDER UNITRUST AGREEMENT	138,244
ANNUITY PAYMENT LIABILITY	352,520
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	490,764

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,708,494
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,980,850
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,727,644
4	Net unrealized gains (losses) on investments	4	-1,715,330
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,715,330
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,012,314

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	28,915,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,715,330		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-1,715,330
3	Subtract line **2e** from line **1**			3	30,631,137
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	266,199		
b	Other (Describe in Part XIV)	4b	-188,842		
c	Add lines **4a** and **4b**			4c	77,357
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	30,708,494

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

1	Total expenses and losses per audited financial statements			1	22,903,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	188,842		
e	Add lines **2a** through **2d**			2e	188,842
3	Subtract line **2e** from line **1**			3	22,714,651
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	266,199		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	266,199
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	22,980,850

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE OBLIGATED GROUP (GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC , GUNDERSEN LUTHERAN MEDICAL CENTER, INC , GUNDERSEN CLINIC, LTD , AND GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC) ADOPTED THE PROVISIONS RELATING TO UNCERTAIN TAX POSITIONS OF THE FASB ACCOUNTING STANDARDS CODIFICATION ON JANUARY 1, 2007 THE CODIFICATION CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE OBLIGATED GROUP HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN YEARS AND HAS CONCLUDED THAT NO LIABILITIES EXIST AS OF DECEMBER 31, 2011 AND 2010 THE OBLIGATED GROUP'S INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION FOR THE FISCAL YEARS ENDED DECEMBER 31, 2006, AND PRIOR
PART XII, LINE 4B - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS - 71,173 COGS ON INVENTORY ITEMS -116,854 DIRECT EXPENSES RELATED TO GAMING ACTIVITIES -815
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO FUNDRAISING EVENTS 71,173 COGS ON INVENTORY ITEMS 116,854 DIRECT EXPENSES RELATED TO GAMING ACTIVITIES 815

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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

2011

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Employer identification number
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? . . . . . ☐ Yes ☐ No

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CONSULTATION AND KEY NOTE SPEAKER	74,773
3a Sub-total	0	0			74,773
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			74,773

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 Part V if additional space is needed.

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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 . . . . . ▶

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 Part V if additional space is needed.

(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)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation

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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

2011

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.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ 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? ☑ **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 Form 990-EZ filers are not required to complete this table

(i) Name and address 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 17 VILLAGE RD BOX 188 NEW VERNON, NJ 07976	FUNDRAISING CONSULTANT		No	0	132,942	-132,942
EDDIE THOMPSON & ASSOCIATES 229 WARD CIRCLE STE A-23 BRENTWOOD, TN 37027	FUNDRAISING CONSULTANT		No	0	50,889	-50,889
BLISS MEDIA INC 641 15TH AVE NE PO BOX 129 SAINT JOSEPH, MN 56374	DONOR ACQUISITION		No	0	12,969	-12,969
Total . . . . . ▶					196,800	-196,800

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

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.

Revenue / Direct Expenses		(a) Event #1 CANCER WALK (event type)	(b) Event #2 DOMESTIC VIOLENCE WALK (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	379,121	54,738	59,858	493,717
	2 Less Charitable contributions	299,038	45,246	14,595	358,879
	3 Gross income (line 1 minus line 2)	80,083	9,492	45,263	134,838
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	61,772	9,401		71,173
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(71,173)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				63,665

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.

Revenue / Direct Expenses		(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			35,510	35,510
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			815	815
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(815)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				34,695

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? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

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? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	100 000 %
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ BONNIE FEDIE

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? . . . . . ☐ Yes ☑ No

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ DAVID AMBORN

Gaming manager compensation ▶ $

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? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
	PART I, LINE 2B	IN ADDITION TO PAYMENT FOR PROFESSIONAL FEES, THE ANGELETTI GROUP WAS PAID AN ADDITIONAL $10,617 FOR REIMBURSEMENT OF TRAVEL RELATED EXPENSES IN ADDITION TO PAYMENT FOR PROFESSIONAL FEES, EDDIE THOMPSON & ASSOCIATES WAS PAID AN ADDITIONAL $1,389 FOR REIMBURSEMENT OF TRAVEL RELATED EXPENSES BLISS MEDIA WAS PAID $12,969 FOR REIMBURSEMENT OF TRAVEL RELATED EXPENSES EACH OF THE ABOVE CONTRACTS REQUIRE THAT INVOICES TO THE FILING ORGANIZATION SHOW THE PROFESSIONAL FEE AND TRAVEL RELATED REIMBURSED BE LISTED SEPARATELY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

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? . . . . . ☑ 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 . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) GUNDERSEN LUTHERAN MEDICAL CENTER INC 1910 SOUTH AVENUE LA CROSSE,WI 54601	39-0813416	501(C)(3)	3,546,907				NEW HOSPITAL/ CAMPUS RENEWAL, EQUIPMENT, PATIENT AND STAFF EDUCATION, ETC
(2) GUNDERSEN CLINIC LTD1836 SOUTH AVENUE LA CROSSE,WI 54601	39-1028657	501(C)(3)	153,072				EQUIPMENT, PATIENT AND STAFF EDUCATION, ETC
(3) GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC1900 SOUTH AVENUE LA CROSSE,WI 54601	39-1606449	501(C)(3)	68,789				EQUIPMENT AND STAFF EDUCATION, ETC
(4) HORSESENSE FOR SPECIAL RIDERS INCPO BOX 906 LA CROSSE,WI 54602	39-1966685	501(C)(3)	6,000				TRAINING INSTRUCTORS AND PURCHASE OF COMPUTER SOFTWARE
(5) LA CROSSE COUNTY HISTORICAL SOCIETYPO BOX 1272 LA CROSSE,WI 54602	39-1228755	501(C)(3)	40,000				CHILDREN'S READING SERVICES EXPANSION INCLUDING SPACE
(6) YWCA OF THE COULEE REGION3219 COMMERCE STREET LA CROSSE,WI 54603	39-0810543	501(C)(3)	14,141				PROGRAM SUPPORT FOR DOMESTIC VIOLENCE
(7) FAMILY AND CHILDREN'S CENTER1707 MAIN STREET LA CROSSE,WI 54601	39-0821863	501(C)(3)	12,000				PROGRAM SUPPORT FOR HEALTHY FAMILIES PROGRAM
(8) FRIENDS OF THE COULEE REGION RSVP 2920 EAST AVENUE LA CROSSE,WI 54601	39-1781646	501(C)(3)	5,500				SPECIAL SEWING PROJECT AND SUPPORT THE VOLUNTEER DRIVER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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

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 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
(1) TRANSPORTATION AND LODGING	323	85,090			
(2) RESPITE SERVICES	146	67,189			
(3) READING TUTOR FOR HIGH RISK STUDENTS	11	9,528			
(4) ADAPTIVE EQUIPMENT, MEALS & OTHER LIVING EXPENSE	2341	143,862			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, 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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 39-1249705
Name: GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 MEDICAL CENTER INC1910 SOUTH AVENUE LA CROSSE,WI 54601	39-0813416	501(C)(3)	3,546,907				NEW HOSPITAL/ CAMPUS RENEWAL, EQUIPMENT, PATIENT AND STAFF EDUCATION, ETC
GUNDERSEN CLINIC LTD1836 SOUTH AVENUE LA CROSSE,WI 54601	39-1028657	501(C)(3)	153,072				EQUIPMENT, PATIENT AND STAFF EDUCATION, ETC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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 ADMINISTRATIVE SERVICES INC1900 SOUTH AVENUE LA CROSSE,WI 54601	39-1606449	501(C)(3)	68,789				EQUIPMENT AND STAFF EDUCATION, ETC
HORSESENSE FOR SPECIAL RIDERS INC PO BOX 906 LA CROSSE,WI 54602	39-1966685	501(C)(3)	6,000				TRAINING INSTRUCTORS AND PURCHASE OF COMPUTER SOFTWARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LA CROSSE COUNTY HISTORICAL SOCIETYPO BOX 1272 LA CROSSE,WI 54602	39-1228755	501(C)(3)	40,000				CHILDREN'S READING SERVICES EXPANSION INCLUDING SPACE
YWCA OF THE COULEE REGION 3219 COMMERCE STREET LA CROSSE,WI 54603	39-0810543	501(C)(3)	14,141				PROGRAM SUPPORT FOR DOMESTIC VIOLENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
FAMILY AND CHILDREN'S CENTER1707 MAIN STREET LA CROSSE,WI 54601	39-0821863	501(C)(3)	12,000				PROGRAM SUPPORT FOR HEALTHY FAMILIES PROGRAM
FRIENDS OF THE COULEE REGION RSVP2920 EAST AVENUE LA CROSSE,WI 54601	39-1781646	501(C)(3)	5,500				SPECIAL SEWING PROJECT AND SUPPORT THE VOLUNTEER DRIVER

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 appropiate 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**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?	**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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) MARK V CONNELLY MD	(i)	0	0	0	0	0	0	0
	(ii)	325,222	0	3,109	30,841	19,716	378,888	0
(2) A ERIK GUNDERSEN MD	(i)	0	0	0	0	0	0	0
	(ii)	154,972	0	360	23,246	24,227	202,805	0
(3) COLETTE LASACK	(i)	0	0	0	0	0	0	0
	(ii)	156,124	0	11,697	24,713	21,385	213,919	0
(4) SIGURD B GUNDERSEN III MD	(i)	0	0	0	0	0	0	0
	(ii)	415,472	0	22,350	35,741	19,734	493,297	0
(5) STEPHEN SHAPIRO MD	(i)	0	0	0	0	0	0	0
	(ii)	424,547	0	370	35,741	22,964	483,622	0
(6) DAVID CHESTNUT MD	(i)	0	0	0	0	0	0	0
	(ii)	405,692	0	370	35,741	25,244	467,047	0
(7) STEVE B PEARSON MD	(i)	0	0	0	0	0	0	0
	(ii)	215,972	0	360	32,507	26,852	275,691	0
(8) BENJAMIN JARMAN MD	(i)	0	0	0	0	0	0	0
	(ii)	382,472	0	3,600	35,741	22,734	444,547	0
(9) PHILIP SCHUMACHER	(i)	0	0	0	0	0	0	0
	(ii)	154,622	0	1,871	22,952	21,084	200,529	0
(10) DAVID CLEVERLY DDS	(i)	0	0	0	0	0	0	0
	(ii)	198,247	0	2,129	22,065	24,427	246,868	0
(11) LESLEE TIMM DDS	(i)	0	0	0	0	0	0	0
	(ii)	158,371	0	1,373	18,072	23,234	201,050	0
(12) DK UNDELAND MD	(i)	0	0	0	0	0	0	0
	(ii)	116,747	39,022	9,900	12,400	18,822	196,891	0
(13) STEVEN CALLISTER PHD	(i)	0	0	0	0	0	0	0
	(ii)	135,912	0	370	19,792	2,791	158,865	0
(14) CARL SHELLEY PHD	(i)	0	0	0	0	0	0	0
	(ii)	117,972	0	0	17,366	20,874	156,212	0
(15) LISA WARSINSKE	(i)	0	0	0	0	0	0	0
	(ii)	37,794	0	370	5,757	20,934	64,855	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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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	15	291,266	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	1	427,200	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	7	30,948	MARKET VALUE
26	Other ▸ ( )				
27	Other ▸ ( )				
28	Other ▸ ( )				

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

			Yes	No
30a	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		No
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	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
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			

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.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	AUCTION RELATED ITEMS ARE DONATED AND LATER SOLD AT VARIOUS FUNDRAISING EVENTS THE EVENTS ARE COORDINATED BY VOLUNTEERS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Employer identification number
39-1249705

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC IS THE SOLE CORPORATE MEMBER OF THIS ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE CORPORATE MEMBER, GUNDERSEN LUTHERAN HEALTH SYSTEM, INC MAY ELECT THE GOVERNING BODY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC SHALL HAVE THE RIGHT TO APPROVE THE ELECTION OF ALL DIRECTORS OF THE CORPORATION, CHANGES MADE BY THE CORPORATION OR TO THE MISSION OF THE CORPORATION, TO VETO OR APPROVE ANY DISAFFILIATION WITH GUNDERSEN LUTHERAN HEALTH SYSTEM, INC , TO VOTE UPON ANY PLAN OF LIQUIDATION OR DISSOLUTION ADOPTED BY THE BOARD OF DIRECTORS OF THE CORPORATION AND TO APPROVE ANY MORTGAGE OR PLEDGE OF THE CORPORATION'S ASSETS, OR ANY LEASE, SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE GUNDERSEN LUTHERAN MEDICAL FOUNDATION BOARD RECEIVES A COPY OF THE FORM 990 AND IT IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. ALSO, IT IS REVIEWED FOR COMPLETENESS BY THE ACCOUNTING MANAGER, CONTROLLER AND CFO OF GUNDERSEN LUTHERAN HEALTH SYSTEM, INC PRIOR TO FILING

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	ALL PERSENNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC ARE PERFORMED BY EMPLOYEES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC THE COMPENSATION OF THE CEO IS DETERMINED ANNUALLY BY A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES THEIR DETERMINATION IS MADE AFTER A REVIEW OF MARKET DATA OBTAINED FROM SEVERAL ORGANIZATIONS AND CEO PERFORMANCE MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE SUCH DISCUSSIONS TAKE PLACE RECOMMENDATIONS FOR COMPENSATION FOR THE ORGANIZATIONS' KEY MANAGEMENT EMPLOYEES ARE DEVELOPED ANNUALLY BY THE CEO, AFTER A REVIEW OF PERFORMANCE AND COMPARABLE MARKET DATA THE COMPENSATION RECOMMENDATIONS, ALONG WITH THE MARKET DATA, ARE PRESENTED TO A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES THE COMPENSATION AMOUNTS ARE NOT EFFECTIVE UNTIL THE BOARD COMMITTEE APPROVED THEM MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE THE BOARD REVIEWS THEM AND APPROVES THE COMPENSATION OF THE KEY EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	REQUESTS FOR FORM 990S 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

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	HOURS WORKED BY OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES BY ENTITY MARK V CONNELLY, MD WORKED 40 HOURS FOR RELATED ORGANIZATIONS A ERIK GUNDERSEN, MD WORKED 40 HOURS FOR A RELATED ORGANIZATION EDWIN M OVERHOLT, MD WORKED 40 HOURS FOR RELATED ORGANIZATIONS LISA WARSINSKE WORKED 40 HOURS FOR A RELATED ORGANIZATION SIGURD B GUNDERSEN III, MD WORKED 40 HOURS FOR RELATED ORGANIZATIONS STEPHEN B WEBSTER, MD WORKED 40 HOURS FOR RELATED ORGANIZATIONS COLETTE LASACK WORKED 40 HOURS FOR RELATED ORGANIZATIONS DAVID CHESTNUT, MD WORKED 40 HOURS FOR RELATED ORGANIZATIONS STEVE B PEARSON, MD WORKED 40 HOURS FOR RELATED ORGANIZATIONS BENJAMIN JARMAN, MD WORKED 40 HOURS FOR RELATED ORGANIZATIONS RONALD SCHNEIDER, DDS WORKED 40 HOURS FOR RELATED ORGANIZATIONS PHILIP SCHUMACHER WORKED 40 HOURS FOR RELATED ORGANIZATIONS STEVEN CALLISTER, PHD WORKED 40 HOURS FOR A RELATED ORGANIZATION CARL SIMON SHELLEY, D PHIL WORKED 40 HOURS FOR A RELATED ORGANIZATION BERNARD HAMMES, PHD WORKED 40 HOURS FOR RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,715,330

Identifier	Return Reference	Explanation
AUDIT PROCESS	FORM 990, PART XII, LINE 2C	THE PROCESS ALLOWS THE AUDIT COMMITTEE OF GUNDERSEN LUTHERAN HEALTH SYSTEM, INC TO INDEPENDENTLY COMMUNICATE WITH THE EXTERNAL AUDIT FIRM THROUGHOUT THE YEAR, BUT FORMAL COMMUNICATION OCCURS BEFORE THE ENGAGEMENT CONCLUSION THE AUDIT COMMITTEE MEETS WITH THE AUDIT FIRM FOR PRESENTATION OF THE STATEMENTS THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART XII, 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, INC UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133

Identifier	Return Reference	Explanation
TAX EXEMPT BOND ISSUE	FORM 990, PART IV, LINE 24A	GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC IS A PART OF GUNDERSEN LUTHERAN'S OBLIGATED GROUP (GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC , GUNDERSEN LUTHERAN MEDICAL CENTER, INC , GUNDERSEN CLINIC, LTD , AND GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC) AND TAX-EXEMPT DEBT RESIDES ON GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, FEIN 39-1606449

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) DEGEN BERGLUND INC 1709 LOSEY BLVD S LA CROSSE, WI 54601 39-0971110	RETAIL PHARMACY	WI	N/A	C			
(2) GUNDERSEN LUTHERAN ENVISION LLC 1836 SOUTH AVENUE LA CROSSE, WI 54601 26-4706546	RENEWABLE ENERGY	WI	N/A	C			

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 39-1249705
Name: GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
GUNDERSEN LUTHERAN HEALTH SYSTEM INC 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1866425	SUPPORTING ORG	WI	501(C)(3)	LINE 11B, II	N/A		No
GUNDERSEN LUTHERAN MEDICAL CENTER INC 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-0813416	HEALTH CARE	WI	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
GUNDERSEN CLINIC LTD 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1028657	SUPPORTING ORG	WI	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1606449	SUPPORTING ORG	WI	501(C)(3)	LINE 11B, II	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
GUNDERSEN LUTHERAN HEALTH PLAN INC 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1807071	HEALTH INSURANCE	WI	501(C)(4)		GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
GUNDERSEN LUTHERAN CREDENTIALING SERVICES INC 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1856898	CREDENTIALING SERVICES	WI	501(C)(3)	LINE 11A, I	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
TRI-COUNTY MEMORIAL HOSPITAL INC 18601 LINCOLN STREET WHITEHALL, WI 54773 39-0704510	HEALTH CARE	WI	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
HARMONY COMMUNITY HEALTHCARE INC 815 MAIN AVENUE S HARMONY, MN 55939 41-0711606	HEALTH CARE	MN	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
TWEETEN LUTHERAN HEALTHCARE CENTER INC 125 FIFTH AVENUE SE SPRING GROVE, MN 55974 41-1565003	HEALTH CARE	MN	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
TRI-STATE AMBULANCE INC 221 BUCHNER PLACE LA CROSSE, WI 54601 39-1965415	MEDICAL TRANSPORATION	WI	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
TRI-STATE REGIONAL AMBULANCE INC 235 CAUSEWAY BLVD LA CROSSE, WI 54603 39-1962965	MEDICAL TRANSPORATION	WI	501(C)(3)	LINE 9	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
LUTHERAN REAL ESTATE HOLDING CORPORATION 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1480826	HOUSING	WI	501(C)(3)	LINE 9	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
LUTHERAN HOUSING OF LA CROSSE INC 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1751934	INDEPENDENT LIVING	WI	501(C)(3)	LINE 9	LUTHERAN REAL ESTATE HOLDING CORPORATION		No
COMMUNITY HOUSING OF LA CROSSE INC 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1586700	INDEPENDENT LIVING	WI	501(C)(3)	LINE 7	LUTHERAN REAL ESTATE HOLDING CORPORATION		No
OPTIONS IN REPRODUCTIVE CARE INC 1201 CALEDONIA STREET LA CROSSE, WI 54603 39-1166634	HEALTH CARE	WI	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No
ST JOSEPH'S HEALTH SERVICES INC 400 WATER AVENUE HILLSBORO, WI 54634 39-0929538	HEALTH CARE	WI	501(C)(3)	LINE 3	GUNDERSEN LUTHERAN HEALTH SYSTEM INC		No

Additional Data

Software ID:
Software Version:
EIN: 39-1249705
Name: GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 4,489,618 including grants of $) (Revenue $ 910,424)

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 37 GRANTS WERE AWARDED FOR EDUCATION PURPOSES, 31 FOR EQUIPMENT PURCHASES, 140 FOR VARIOUS GUNDERSEN LUTHERAN PROGRAM SERVICES, AND 47 GRANTS WERE AWARDED TO ENHANCE PATIENT AND COMMUNITY HEALTH IN ADDITION, 2,821 GRANTS WERE AWARDED TO INDIVIDUALS FOR TRANSPORTATION, RESPITE SERVICES, TUTORING, ADAPTIVE EQUIPMENT, MEALS AND OTHER LIVING EXPENSES

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

(A) Name and Title	(B) Average hours per week	(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	2 00	X		X				0	328,331	50,557
A ERIK GUNDERSEN MD VICE CHAIRMAN OF THE BOARD	2 00	X		X				0	155,332	47,473
COLETTE LASACK SECRETARY OF THE BOARD	2 00	X		X				0	167,821	46,098
HERBERT M HEILI TREASURER OF THE BOARD	2 00	X		X				0	0	0
SIGURD B GUNDERSEN III MD BOARD MEMBER	2 00	X						0	437,822	55,475
HARRY DAHL BOARD MEMBER	2 00	X						0	0	0
DYANNE BRUDOS BOARD MEMBER	2 00	X						0	0	0
ROBERT N GOLDEN MD BOARD MEMBER	2 00	X						0	0	0
GEORGE KERCKHOVE BOARD MEMBER	2 00	X						0	0	0
DIRK GASTERLAND BOARD MEMBER	2 00	X						0	0	0
JOHN LYCHE BOARD MEMBER	2 00	X						0	0	0
STEPHEN SHAPIRO MD BOARD MEMBER	2 00	X						0	424,917	58,705
LEE ANN MATHY BOARD MEMBER	2 00	X						0	0	0
ANDREW TEMTE CFA BOARD MEMBER	2 00	X						0	0	0
STEPHEN WEBSTER MD BOARD MEMBER	2 00	X						0	15,180	0
TOMMY THOMPSON DVM BOARD MEMBER	2 00	X						0	0	0
MARY WESTLUND BOARD MEMBER	2 00	X						0	0	0
C DANIEL GELATT BOARD MEMBER	2 00	X						0	0	0
JOE GOW PHD BOARD MEMBER	2 00	X						0	0	0
DONALD F FRANK BOARD MEMBER	2 00	X						0	0	0
PAULINE JACKSON MD BOARD MEMBER	2 00	X						0	0	0
BARBARA A SKOGEN BOARD MEMBER	2 00	X						0	0	0
JOHN WETTSTEIN BOARD MEMBER	2 00	X						0	0	0
DAVID CHESTNUT MD DIRECTOR OF MEDICAL EDUCAT	0 00				X			0	406,062	60,985
STEVE B PEARSON MD INTERNAL MEDICINE PROGRAM	0 00				X			0	216,332	59,359

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

(A) Name and Title	(B) Average hours per week	(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			
BENJAMIN JARMAN MD GENERAL SURGERY PROGRAM DI	0 00				X			0	386,072	58,475
PHILIP SCHUMACHER EXECUTIVE DIRECTOR - CAMPUS RENEWAL	0 00				X			0	156,493	44,036
DAVID CLEVERLY DDS DENTIST	0 00					X		0	200,376	46,492
LESLEE TIMM DDS DENTIST	0 00					X		0	159,744	41,306
DK UNDELAND MD MEDICAL DOCTOR	0 00					X		0	165,669	31,222
STEVEN CALLISTER PHD SENIOR RESEARCH SCIENTIST	0 00					X		0	136,282	22,583
CARL SHELLEY PHD SENIOR RESEARCH SCIENTIST	0 00					X		0	117,972	38,240
LISA WARSINSKE FORMER BOARD MEMBER	2 00						X	0	38,164	26,691