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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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
Gundersen Medical Foundation Inc

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1836 SOUTH AVENUE
Suite

City or town, state or province, country, and ZIP or foreign postal code
LA CROSSE, WI 54601

D Employer identification number
39-1249705

E Telephone number
(608) 775-6600

G Gross receipts $ 44,783,685

F Name and address of principal officer
sigurd gundersen iii md
1836 SOUTH AVENUE
LA Crosse, WI 54601

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www gundersenhealth org/foundation

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 BY EMPHASIZING MEDICAL EDUCATION, HEALTH AND WELLNESS EDUCATION, AS WELL AS CLINICALLY BASED RESEARCH AND COMMUNITY HEALTH OUTREACH

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	1,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,653
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)	19,519,376	18,898,855
	9 Program service revenue (Part VIII, line 2g)	4,637,735	4,174,971
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,391,655	2,282,916
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,033,827	1,278,154
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,582,593	26,634,896
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,983,326	5,297,703
	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)	15,822,218	16,321,866
	16a Professional fundraising fees (Part IX, column (A), line 11e)	128,674	36,251
	b Total fundraising expenses (Part IX, column (D), line 25) ▶2,277,769		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,703,005	3,699,060
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,637,223	25,354,880
	19 Revenue less expenses Subtract line 18 from line 12	945,370	1,280,016

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	60,970,285	68,527,427
	21 Total liabilities (Part X, line 26)	5,154,360	4,476,143
	22 Net assets or fund balances Subtract line 21 from line 20	55,815,925	64,051,284

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

****** | 2014-11-10
Signature of officer | Date

SIGURD B GUNDERSEN III MD CHAIRMAN OF THE BOARD
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Donald Neal Jr				P00798244
Firm's name ▶ KPMG LLP			Firm's EIN ▶	
Firm's address ▶ 1212 North 96th Street Suite 300 Omaha, NE 68114			Phone no (608) 775-6600	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC IS TO ENHANCE AND SUPPORT QUALITY HEALTH CARE 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 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 $ 10,087,635 including grants of $ 2,425,214) (Revenue $ 1,561,944)

SEE SCHEDULE O

4b (Code) (Expenses $ 4,573,264 including grants of $ 1,099,479) (Revenue $ 2,234,174)

SEE SCHEDULE O

4c (Code) (Expenses $ 5,297,703 including grants of $ 1,273,645) (Revenue $ 378,853)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ 2,077,099 including grants of $ 499,365) (Revenue $ 1,282,915)

4e **Total program service expenses** ▶ 22,035,701

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		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 and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	93		
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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 19		
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**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

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

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 ☐ Other (explain in Schedule O)

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

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

▶ DARA BARTELS 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 or note to any line in this Part VII . . . . . ☑

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	3,861,908	691,259

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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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, 1900 SOUTH AVENUE LA CROSSE WI 54601	PURCHASED SERVICES	16,324,877

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 ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	455,618			
	d	Related organizations . . .	1d	9,067,320			
	e	Government grants (contributions)	1e	740,046			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,635,871			
	g	Noncash contributions included in lines 1a-1f $		436,606			
	h	**Total.** Add lines 1a-1f . . . . . ▶		18,898,855			
Program Service Revenue			Business Code				
	2a	EDUCATION PROGRAMS	611600	1,561,944	1,561,944		
	b	RESEARCH PROGRAMS	541900	2,234,174	2,234,174		
	c	COMMUNITY HEALTH PROGRAMS	900099	378,853	378,853		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		4,174,971			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		667,678			667,678
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		325,058	325,058		
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . . ▶			0		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	19,472,287				
	b	Less cost or other basis and sales expenses	17,857,049				
	c	Gain or (loss)	1,615,238				
	d	Net gain or (loss) . . . . . ▶			1,615,238		1,615,238
	8a	Gross income from fundraising events (not including $ 455,618 of contributions reported on line 1c) See Part IV, line 18 . .	a	206,817			
	b	Less direct expenses . . .	b	250,247			
	c	Net income or (loss) from fundraising events . . ▶			-43,430		-43,430
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a	31,882			
	b	Less direct expenses . . .	b	3,866			
	c	Net income or (loss) from gaming activities . . ▶			28,016		28,016
	10a	Gross sales of inventory, less returns and allowances .	a	995,484			
	b	Less cost of goods sold . .	b	37,627			
	c	Net income or (loss) from sales of inventory . . ▶			957,857	957,857	
		Miscellaneous Revenue		Business Code			
	11a	ADMINISTRATIVE SERVICES		900099	10,653		10,653
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶			10,653		
	12	**Total revenue.** See Instructions . . . . . ▶			26,634,896	5,457,886	10,653	2,267,502

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,045,871	5,045,871		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	251,832	251,832		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,456,792	949,000	178,000	329,792
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	11,519,359	10,422,948	206,871	889,540
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	696,465	504,324	28,942	163,199
9 Other employee benefits	1,955,540	1,683,842	49,523	222,175
10 Payroll taxes	693,710	595,937	15,161	82,612
11 Fees for services (non-employees)				
a Management	0			
b Legal	42,223	42,223		
c Accounting	12,565		12,565	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	36,251			36,251
f Investment management fees	262,877	262,877		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	382,691	269,413	2,778	110,500
12 Advertising and promotion	102,065	39,467	8,277	54,321
13 Office expenses	912,397	767,174	54,460	90,763
14 Information technology	119,224	75,907	12,061	31,256
15 Royalties . .	13,157	13,157		
16 Occupancy	161,703	137,964	4,088	19,651
17 Travel	302,711	263,669		39,042
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	147,264	46,670	26,508	74,086
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	157,715	123,745	33,970	
23 Insurance	128,885	83,736	18,666	26,483
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a GUNDERSEN LUTHERAN ADM SERV	662,408	269,357	388,319	4,732
b EMPLOYEE AND RELATED EDU	83,356	83,356		
c MEMBERSHIPS, DUES & LICENSES	74,049	63,990		10,059
d RECRUITING	39,242	39,242		
e All other expenses	94,528		1,221	93,307
25 **Total functional expenses.** Add lines 1 through 24e	25,354,880	22,035,701	1,041,410	2,277,769
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		4,984,354	2	2,291,605
	3	Pledges and grants receivable, net		8,243,156	3	9,743,089
	4	Accounts receivable, net		946,397	4	1,563,474
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		88,687	8	11,447
	9	Prepaid expenses and deferred charges		82,319	9	67,991
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,938,100			
	b	Less accumulated depreciation	10b 1,839,820	1,036,198	10c	1,098,280
	11	Investments—publicly traded securities		37,819,332	11	45,700,766
	12	Investments—other securities See Part IV, line 11		548,808	12	637,007
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		7,221,034	15	7,413,768
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		60,970,285	16	68,527,427
Liabilities	17	Accounts payable and accrued expenses		2,021,895	17	31,458
	18	Grants payable		2,294,595	18	1,165,198
	19	Deferred revenue		425,970	19	1,406,528
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		411,900	25	1,872,959
	26	**Total liabilities.** Add lines 17 through 25		5,154,360	26	4,476,143
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		27,408,637	27	31,615,408
	28	Temporarily restricted net assets		13,097,873	28	16,006,975
	29	Permanently restricted net assets		15,309,415	29	16,428,901
		Organizations that do not follow SFAS 117 (ASC 958), 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		55,815,925	33	64,051,284
	34	Total liabilities and net assets/fund balances		60,970,285	34	68,527,427

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,634,896
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,354,880
3	Revenue less expenses Subtract line 2 from line 1	3	1,280,016
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,815,925
5	Net unrealized gains (losses) on investments	5	6,692,466
6	Donated services and use of facilities	6	
7	Investment expenses	7	262,877
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,051,284

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK V CONNELLY MD CHAIRMAN OF THE BOARD	2 0 40 0	X		X				0	328,850	43,428
A ERIK GUNDERSEN MD VICE CHAIRMAN OF THE BOARD	2 0 40 0	X		X				0	155,038	42,828
HERBERT M HEILI TREASURER OF THE BOARD	2 0 0 0	X		X				0	0	0
SIGURD GUNDERSEN III MD SECRETARY OF THE BOARD	2 0 40 8	X		X				0	457,846	53,628
HARRY DAHL BOARD MEMBER	2 0 0 0	X						0	0	0
DIRK GASTERLAND BOARD MEMBER	2 0 0 0	X						0	0	0
C DANIEL GELATT PHD BOARD MEMBER	2 0 0 0	X						0	0	0
ROBERT N GOLDEN MD BOARD MEMBER	2 0 0 0	X						0	0	0
JOE GOW PHD BOARD MEMBER	2 0 0 0	X						0	0	0
Patricia Heim JD Board Member	2 0 0 0	X						0	0	0
Brian Koopman CFP CPA CTFA Board Member	2 0 0 0	X						0	0	0
GEORGE KERCKHOVE BOARD MEMBER	2 0 0 0	X						0	0	0
JOHN LYCHE BOARD MEMBER	2 0 0 0	X						0	0	0
Todd Mahr MD Board Member	2 0 40 0	X						0	215,344	50,878
STEPHEN SHAPIRO MD BOARD MEMBER	2 0 47 0	X						0	437,797	56,128
ANDREW TEMTE CFA PHD BOARD MEMBER	2 0 0 0	X						0	0	0
THOMAS THOMPSON DVM BOARD MEMBER	2 0 0 0	X						0	0	0
Lynn Sturm RN Board Member	2 0 40 0	X						0	78,247	31,446
Mary Jo Werner JD CPA CFF Board Member	2 0 0 0	X						0	0	0
MARY WESTLUND BOARD MEMBER	2 0 0 0	X						0	0	0
Thomas Brock Board Member	2 0 0 0	X						0	0	0
Gerald Kember Board Member	2 0 6 0	X						0	0	0
Barbara Skogen Board Member	2 0 0 0	X						0	0	0
Dyanne Brudos Board Member	2 0 0 0	X						0	0	0
Rebecca Naugler Board Member	2 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID CHESTNUT MD DIRECTOR OF MEDICAL EDUCATION	0 0 40 0				X			0	414,797	54,228
STEVE B PEARSON MD INTERNAL MEDIC PROG DIRECTOR	0 0 40 0				X			0	236,397	53,013
William Agger MD Research Director	0 0 46 0				X			0	244,185	52,926
PHILIP SCHUMACHER Exec Dir - Campus Renewal	0 0 40 0				X			0	168,339	42,875
BENJAMIN JARMAN MD GENERAL SURGERY PROG DIRECTOR	0 0 40 0				X			0	405,331	56,128
Marcus Crosby MD Medical Doctor	0 0 40 0					X		0	237,046	38,947
STEVEN CALLISTER PHD SENIOR RESEARCH SCIENTIST	0 0 40 0					X		0	147,063	22,070
CARL SHELLEY PHD SENIOR RESEARCH SCIENTIST	0 0 40 0					X		0	122,537	35,428
Bernard Hammes Phd Bereavement/Adv Care Planning	0 0 40 0					X		0	110,398	36,028
Deepa Ovian MD Medical DOCTOR	0 0 40 0					X		0	102,693	21,280

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,124,049	7,742,052	13,904,510	19,519,376	18,898,855	64,188,842
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	4,124,049	7,742,052	13,904,510	19,519,376	18,898,855	64,188,842
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)						1,109,003
6 **Public support.** Subtract line 5 from line 4						63,079,839

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,124,049	7,742,052	13,904,510	19,519,376	18,898,855	64,188,842
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,006,563	1,090,598	1,258,402	1,264,407	667,678	5,287,648
9 Net income from unrelated business activities, whether or not the business is regularly carried on	12,315	13,386				25,701
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support** (Add lines 7 through 10)						69,502,191

12 Gross receipts from related activities, etc (see instructions)	12	50,476,186

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 2013 (line 6, column (f) divided by line 11, column (f))	14	90 760 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	86 578 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Employer identification number
39-1249705

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	15,309,415	14,677,248	14,388,661	33,475,760	29,526,470
b	Contributions	259,359	257,882	629,743	1,997,884	2,480,367
c	Net investment earnings, gains, and losses	861,127	374,335	-335,317	3,534,634	3,360,863
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,000	50	5,839	1,301,332	1,891,940
f	Administrative expenses					
g	End of year balance	16,428,901	15,309,415	14,677,248	37,706,946	33,475,760

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,000		10,000
b Buildings		980,055	522,528	457,527
c Leasehold improvements				
d Equipment		1,533,856	939,854	594,002
e Other		414,189	377,438	36,751
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,098,280

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST TRUSTS	6,342,479
(2) NON-CASH ASSETS	440,000
(3) TRUST INTERESTS	314,310
(4) LIFE INSURANCE CSV	316,979
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	7,413,768

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
LIABILITIES UNDER UNITRUST AGRRMT	183,304
ANNUITY PAYMENT LIABILITY	217,788
INTERCOMPANY PAYABLE	1,471,867
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,872,959

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation
INCOME TAX MATTERS	PART X, LINE 2 THE OBLIGATED GROUP HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN YEARS AND HAS CONCLUDED THAT NO LIABILITIES EXIST AS OF DECEMBER 31, 2013 AND 2012 THE OBLIGATED GROUP'S INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION FOR 2007, AND PRIOR
PART V, Line 4	ENDOWMENT FUNDS BEGINNING IN 2011, DUE TO A CHANGE IN POLICY BOARD DESIGNATED FUNDS ARE NO LONGER RESTRICTED BY THE BOARD FUNDS ARE USED TO SUPPORT PROGRAMS, FUTURE CAPITAL IMPROVEMENTS AND OPERATIONS OF THE GUNDERSEN LUTHERAN MEDICAL FOUNDATION AND ITS RELATED ENTITIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) South Asia			Program Services	Resp Choices Materials	
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

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. Part II can be duplicated 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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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, Information 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

Additional Data

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

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Employer identification number
39-1249705

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email 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

	(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
1	EDDIE THOMPSON ASSOCIATES	FUNDRAISING CONSULTANT		No		22,000	-22,000
2	THE ANGELETTI GROUP LLC	FUNDRAISING CONSULTANT		No		5,761	-5,761
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶						27,761	-27,761

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

MN, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Steppin out (event type)	(b) Event #2 walk a mile (event type)	(c) Other events 15 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	474,313	43,564	144,557	662,434
	2 Less Contributions	361,848	36,669	57,100	455,617
	3 Gross income (line 1 minus line 2)	112,465	6,895	87,457	206,817
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	157,994	8,451	83,802	250,247
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(250,247)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-43,430

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			31,882	31,882
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			3,866	3,866
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100.000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				3,866
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				28,016

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 Enter 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 of the third party

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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
PART I, LINE 2B	IN ADDTION TO PAYMENT FOR PROFESSIONAL FEES, THE ANGELETTI GROUP WAS PAID AN ADDITIONAL $2,011 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 SEPERATELY

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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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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 ADMINISTRATIVE SERVICES INC 1900 S AVE LA CROSSE,WI 54601	39-1606449	501(C)(3)	336,906				GENERAL SUPPORT
(2) FAMILY & CHILDREN CENTER 1707 MAIN STREET LA CROSSE,WI 54601	39-0821863	501(C)(3)	15,000				EQP AND STAFF EDU
(3) GUNDERSEN CLINIC LTD 1836 SOUTH AVENUE LA CROSSE,WI 54601	39-1028657	501(C)(3)	119,438				GENERAL SUPPORT
(4) GUNDERSEN LUTHERAN MEDICAL CENTER INC 1910 SOUTH AVENUE LA CROSSE,WI 54601	39-0813416	501(C)(3)	4,486,677				GENERAL SUPPORT
(5) LA CROSSE YOUTH SOCCER PARENTS ASSOC Inc po bOX 2714 LA CROSSE,WI 54602	39-1585516	501(C)(3)	7,940				GENERAL SUPPORT
(6) YouNG womens christian association 3219 COMMERCE ST LA CROSSE,WI 54603	39-0810543	501(C)(3)	17,817				GENERAL SUPPORT

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TRANSPORTATION	256	67,977			
(2) RESPITE SERVICES	98	46,697			
(3) meals	7289	30,205			
(4) COULEE READING CENTER SCHOLARSHIPS	26	4,760			
(5) medical bills and supplies	141	50,597			
(6) equipment and miscellaneous	162	51,596			

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

Return Reference	Explanation
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

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed 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 Regulations 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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MARK V CONNELLY MD CHAIRMAN OF THE BOARD	(I)	0	0	0	0	0	0	0
	(II)	325,516	0	3,334	25,500	17,959	372,309	0
A ERIK GUNDERSEN MD VICE CHAIRMAN OF THE BOARD	(I)	0	0	0	0	0	0	0
	(II)	155,017	0	21	22,400	22,071	199,509	0
SIGURD GUNDERSEN III MD SECRETARY OF THE BOARD	(I)	0	0	0	0	0	0	0
	(II)	422,516	0	35,330	35,700	17,982	511,528	0
Todd Mahr MD Board Member	(I)	0	0	0	0	0	0	0
	(II)	212,516	0	2,828	30,450	20,482	266,276	0
STEPHEN SHAPIRO MD BOARD MEMBER	(I)	0	0	0	0	0	0	0
	(II)	433,416	4,000	381	35,700	23,916	497,413	0
DAVID CHESTNUT MD DIRECTOR OF MEDICAL EDUCATION	(I)	0	0	0	0	0	0	0
	(II)	414,416	0	381	35,700	22,016	472,513	0
STEVE B PEARSON MD INTERNAL MEDIC PROG DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	236,016	0	381	33,585	21,906	291,888	0
William Agger MD Research Director	(I)	0	0	0	0	0	0	0
	(II)	240,804	3,000	381	34,650	20,781	299,616	0
PHILIP SCHUMACHER Exec Dir - Campus Renewal	(I)	0	0	0	0	0	0	0
	(II)	166,266	0	2,073	23,697	19,232	211,268	0
Marcus Crosby MD Medical Doctor	(I)	0	0	0	0	0	0	0
	(II)	141,841	66,859	28,346	18,519	21,682	277,247	0
STEVEN CALLISTER PHD SENIOR RESEARCH SCIENTIST	(I)	0	0	0	0	0	0	0
	(II)	139,413	0	7,650	20,618	2,920	170,601	0
CARL SHELLEY PHD SENIOR RESEARCH SCIENTIST	(I)	0	0	0	0	0	0	0
	(II)	122,516	0	21	17,500	19,244	159,281	0
BENJAMIN JARMAN MD GENERAL SURGERY PROG DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	401,516	0	3,815	35,700	20,482	461,513	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	19	421,060	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				
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	133	15,546	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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, 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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Employer identification number
39-1249705

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS 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 PROGRESS CONTINUED ON OUR PLANS TO START A NEW FAMILY MEDICINE RESIDENCY PROGRAM PLANS CALL FOR ENROLLING OUR FIRST CLASS OF FAMILY MEDICINE RESIDENTS IN 2016 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 2013, WE OFFERED APPROXIMATELY 275 HOURS OF CONTINUING MEDICAL EDUCATION (CME) CREDIT, WHICH INCLUDED 10 REGULARLY SCHEDULED WEEKDAY CONFERENCES AND 20 SEMINARS THE NUMBER OF PHYSICIAN PARTICIPANTS WAS APPROXIMATELY 2,800 AND THE NUMBER OF NON-PHYSICIAN PARTICIPANTS WAS APPROXIMATELY 1,500

Return Reference	Explanation
FORM 990, PART III, LINE 4B	PROGRAM SERVICE ACCOMPLISHMENTS 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 50 GRANTS WERE AWARDED FOR EDUCATION PURPOSES, 48 FOR EQUIPMENT PURCHASES, 219 FOR VARIOUS GUNDERSEN HEALTH SYSTEM PROGRAM SERVICES, AND 33 GRANTS WERE AWARDED TO ENHANCE PATIENT AND COMMUNITY HEALTH IN ADDITION, 7,972 GRANTS WERE AWARDED TO INDIVIDUALS FOR TRANSPORTATION, RESPITE SERVICES, SCHOLARSHIPS, ADAPTIVE EQUIPMENT, MEALS AND OTHER LIVING EXPENSES

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PROGRAM SERVICE ACCOMPLISHMENTS 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 2013, THE RESEARCH DEPARTMENT PUBLISHED 59 JOURNALS AND ARTICLES, 11 BOOKS OR BOOK CHAPTERS, AND MADE 72 SCHOLARly PRESENTATIONS

Return Reference	Explanation
FORM 990, PART III, LINE 4D	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 OUR ONLINE TRAINING AND EDUCATION OFFERINGS ENROLLED MORE THAN 6,400 LEARNERS IN 2013 BEREAVEMENT AND ADVANCE CARE PLANNING SERVICES, A DEPARTMENT OF GUNDERSEN LUTHERAN MEDICAL FOUNDATION, IS HOME TO TWO PIONEERING, PROPRIETARY PROGRAMS RESPECTING CHOICES AND RESOLVE THROUGH SHARING BOTH PROGRAMS ARE INTERNATIONALLY RECOGNIZED, EVIDENCE-BASED ADVANCE CARE PLANNING PROGRAMs THAT HAVE PROVIDED TRAINING, CONSULTATION, AND MATERIALS TO ORGANIZATIONS AND COMMUNITIES AROUND THE WORLD END OF LIFE CARE AT GUNDERSEN CONTINUES TO RECEIVE NATIONAL AND INTERNATIONAL ATTENTION, RESULTING IN BEING NAMED ONE OF ONLY FIVE ORGANIZATIONS IN THE COUNTRY TO RECEIVE THE AMERICAN HOSPITAL ASSOCIATION'S CIRCLE OF LIFE CITATION OF HONOR FOR 2013

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	C DANIEL GELATT, BRIAN KOOPMAN, HARRY DAHL, JOHN LYCHE & MARY JO WERNER - BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 6 GUNDERSEN LUTHERAN HEALTH SYSTEM, INC IS THE SOLE CORPORATE MEMBER OF THIS ORGANIZATION

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 EXECUTIVE DIRECTOR OF FINANCIAL OPERATIONS OF GUNDERSEN LUTHERAN HEALTH SYSTEM, INC PRIOR TO FILING

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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL PERSONNEL 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 PROPOSED SALARIES ARE INDEPENDENTLY REVIEWED BY AN OUTSIDE AUDITING FIRM THE COMPENSATION RECOMMENDATIONS, AUDIT REPORTS, 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

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

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	AUDIT PROCESS 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

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

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	TAX EXEMPT BOND ISSUE 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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) DEGEN BERGLUND INC 1709 LOSEY BLVD S LA CROSSE, WI 54601 39-0971110	RTL PHARMACY	WI	GLHS	C CORP	0	0			No
(2) GUNDERSEN LUTHERAN ENVISION LLC 1836 SOUTH AVENUE LA CROSSE, WI 54601 26-4706546	RENEW ENERGY	WI	GLHS	C CORP	0	0			No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GUNDERSEN LUTHERAN HEALTH SYSTEM INC 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1866425	SUPTNG ORG	WI	501(C)(3)	LINE 11B,II	NA		No
(1) GUNDERSEN LUTHERAN MEDICAL CENTER INC 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-0813416	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(2) GUNDERSEN CLINIC LTD 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1028657	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(3) GUNDERSEN LUTHERAN ADM SERVICES INC 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1606449	SUPTNG ORG	WI	501(C)(3)	LINE 11B,II	GLHS		No
(4) GUNDERSEN HEALTH PLAN INC 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1807071	HEALTH INS	WI	501(C)(4)		GLHS		No
(5) GUNDERSEN LUTHERAN CREDENTIALING SRVS IN 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1856898	CREDENTIALS	WI	501(C)(3)	LN 11C, III	GLHS		No
(6) TRI-COUNTY MEMORIAL HOSPITAL INC 18601 LINCOLN STREET WHITEHALL, WI 54773 39-0704510	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(7) HARMONY COMMUNITY HEALTHCARE INC 815 MAIN AVENUE S HARMONY, MN 55939 41-0711606	HEALTH CARE	MN	501(C)(3)	LINE 9	GLHS		No
(8) TWEETEN LUTHERAN HEALTHCARE CENTER INC 125 FIFTH AVENUE SE SPRING GROVE, MN 55974 41-1565003	HEALTH CARE	MN	501(C)(3)	LINE 9	GLHS		No
(9) TRI-STATE AMBULANCE INC 235 Causeway Blvd LA CROSSE, WI 54603 39-1965415	MDCL TRNSPORA	WI	501(C)(3)	LINE 3	GLHS		No
(10) TRI-STATE REGIONAL AMBULANCE INC 235 CAUSEWAY BLVD LA CROSSE, WI 54603 39-1962965	MDCL TRNSPORA	WI	501(C)(3)	LINE 9	GLHS		No
(11) LUTHERAN REAL ESTATE HOLDING CORPORATION 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1480826	HOUSING	WI	501(C)(3)	LN 11C, III	GLHS		No
(12) LUTHERAN HOUSING OF LA CROSSE INC 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1751934	INDP LIVING	WI	501(C)(3)	LINE 9	LREHC		No
(13) COMMUNITY HOUSING OF LA CROSSE INC 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1586700	INDP LIVING	WI	501(C)(3)	LINE 9	LREHC		No
(14) OPTIONS IN REPRODUCTIVE CARE INC 1201 CALEDONIA STREET LA CROSSE, WI 54603 39-1166634	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(15) ST JOSEPH'S HEALTH SERVICES INC 400 WATER AVENUE HILLSBORO, WI 54634 39-0929538	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(16) GUNDERSEN HEALTH PLAN MINNESOTA INC 1900 SOUTH AVE LA CROSSE, WI 54601 45-2633920	HEALTH INSUR	MN	501(C)(4)	NONE	GLHP		No
(17) ST JOSEPH'S MEMORIAL FOUNDATION INC 400 WATER STREET HILLSBORO, WI 54634 39-1455787	FOUNDATION	WI	501(C)(3)	LINE 11A, I	S Joseph HS		No
(18) TRI-COUNTY MEMORIAL FOUNDATION INC 18601 LINCOLN STREET WHITEHALL, WI 54773 30-0093022	FOUNDATION	WI	501(C)(3)	LINE 11A, I	TRI-COUNTY		No
(19) GUNDERSEN LUTHERAN EXPRESS CARE INC 1836 SOUTH AVE LA CROSSE, WI 54061 90-0102388	HEALTH CARE	WI	501(C)(3)	LINE 11	GLHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) MEMORIAL HOSPITAL OF BOSCOBEL 205 PARKER STREET BOSCOBEL, WI 53805 39-0845590	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(1) MEMORIAL HOSPITAL OF BOSCOBEL FOUNDATION 205 PARKER STREET BOSCOBEL, WI 53805 39-1688793	FUNDRAISING	WI	501(C)(3)	LINE 7	NA		No
(2) BOSCOBEL AREA HEALTH CARE PARTNERS 205 PARKER STREET BOSCOBEL, WI 53805 45-0498844	FUNDRAISING	WI	501(C)(3)	LINE 7	NA		No