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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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

C Name of organization
Gundersen Lutheran Medical CenterINC

% DARA BARTELS

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1910 SOUTH AVE

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

D Employer identification number
39-0813416

E Telephone number
(608) 782-7300

G Gross receipts $ 894,229,700

F Name and address of principal officer
Scott Rathgaber MD
1910 SOUTH AVE
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

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

L Year of formation 1899

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	724,565
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	193,069

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,947,166	4,204,529
9	Program service revenue (Part VIII, line 2g)	868,686,792	889,202,712
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,492	14,357
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	209,440	707,178
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	873,903,890	894,128,776
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,514,537	25,233,301
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)	252,958,069	360,158,499
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	289,262,879	413,981,084
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	561,735,485	799,372,884
19	Revenue less expenses Subtract line 18 from line 12	312,168,405	94,755,892

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	958,864,616	1,053,873,078
21	Total liabilities (Part X, line 26)	4,429,945	4,682,515
22	Net assets or fund balances Subtract line 21 from line 20	954,434,671	1,049,190,563

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

****** | 2015-09-15
Signature of officer | Date

DARA BARTELS INTERIM CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Lorraine A Egger	Lorraine A Egger			P00223617

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 4200 WELLS FARGO CTR 90 S 7TH ST
MINNEAPOLIS, MN 55402 | Phone no (612) 305-5000

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

See Schedule O

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 $ 676,428,913 including grants of $ 25,233,301) (Revenue $ 889,202,712)

See Schedule O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 676,428,913

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		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**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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**	17		
	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**	4		
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, address, and telephone number of the person who possesses the organization's books and records

▶ DARA BARTELS
1900 S AVE 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	11,185,208	1,584,180

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 ▶

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	3,906,084			
	e	Government grants (contributions)	1e	298,045			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	400			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,204,529			
Program Service Revenue			Business Code				
	2a	Medical Service Provided	621500	889,202,712	889,202,712		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		889,202,712			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		60,294			60,294
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	34,600				
	b	Less rental expenses	51,987				
	c	Rental income or (loss)	-17,387	0			
	d	Net rental income or (loss) . . . . . ▶		-17,387			-17,387
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		3,000			
	b	Less cost or other basis and sales expenses		48,937			
	c	Gain or (loss)		-45,937			
	d	Net gain or (loss) . . . . . ▶		-45,937			-45,937
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	LABORATORY SERVICES	900099	724,565		724,565	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		724,565			
	12	**Total revenue.** See Instructions . . . . . ▶		894,128,776	889,202,712	724,565	-3,030

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,118,714	9,118,714		
2 Grants and other assistance to domestic individuals See Part IV, line 22	16,114,587	16,114,587		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	115,981	115,981		
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	271,738,583	269,683,058	2,055,525	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,209,649	31,933,837	275,812	
9 Other employee benefits	40,204,096	39,950,932	253,164	
10 Payroll taxes	15,890,190	15,743,660	146,530	
11 Fees for services (non-employees)				
a Management	0			
b Legal	8,880	8,880		
c Accounting	8,925	8,925		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	94,375,076	93,861,021	514,055	
12 Advertising and promotion	0			
13 Office expenses	102,003,318	101,756,973	246,345	
14 Information technology	1,720,206	1,720,206		
15 Royalties	0			
16 Occupancy	1,384,614	1,037,841	346,773	
17 Travel	607,027	588,569	18,458	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	29		29	
21 Payments to affiliates	166,192,454	50,334,724	115,857,730	
22 Depreciation, depletion, and amortization	24,119,470	21,200,465	2,919,005	
23 Insurance	267,552	13,931	253,621	
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 ASSESSMENTS	11,355,613	11,349,613	6,000	
b BAD DEBTS/COLLECTIONS	10,881,075	10,881,075		
c EMPLOYEE DEVELOPMENT	497,507	468,479	29,028	
d DUES/MEMBERSHIPS/LICENSE	346,357	337,626	8,731	
e All other expenses	212,981	199,816	13,165	
25 **Total functional expenses.** Add lines 1 through 24e	799,372,884	676,428,913	122,943,971	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		-183,333	2	188,096
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		108,551,472	4	108,974,642
	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			7	0
	8	Inventories for sale or use		3,218,442	8	3,324,564
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 483,257,049			
	b	Less accumulated depreciation	10b 160,548,921	322,566,601	10c	322,708,128
	11	Investments—publicly traded securities		15,000,000	11	15,000,000
	12	Investments—other securities See Part IV, line 11		250,000	12	250,000
	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		509,461,434	15	603,427,648
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		958,864,616	16	1,053,873,078
Liabilities	17	Accounts payable and accrued expenses		2,486,815	17	3,022,731
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to 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		1,943,130	25	1,659,784
	26	**Total liabilities.** Add lines 17 through 25		4,429,945	26	4,682,515
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		954,434,671	27	1,049,190,563
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		954,434,671	33	1,049,190,563
	34	Total liabilities and net assets/fund balances		958,864,616	34	1,053,873,078

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	894,128,776
2	Total expenses (must equal Part IX, column (A), line 25)	2	799,372,884
3	Revenue less expenses Subtract line 2 from line 1	3	94,755,892
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	954,434,671
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,049,190,563

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		No
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		

Additional Data

Software ID:
Software Version:
EIN: 39-0813416
Name: Gundersen Lutheran Medical CenterINC

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			
(1) Jeffrey Thompson MD Chief Executive Officer, Board	2 0 46 0	X		X				0	849,481	60,262
(1) Greg Prairie Board of Trustees - VP	2 0 4 0	X		X				0	0	0
(2) Wendy Lommen Board of Trustees - Treasurer	2 0 4 0	X		X				0	0	0
(3) Brian Rude Board of Trustees - Secretary	2 0 4 0	X		X				0	0	0
(4) Gerald Kember Board of Trustees - Member	2 0 6 0	X						0	0	0
(5) John Lyche Board of Trustees - Member	2 0 6 0	X						0	0	0
(6) Mark Glendenning Board of Trustees - Member	2 0 4 0	X						0	0	0
(7) Brad Sturm Board of Trustees -Board Chair	2 0 4 0	X		X				0	0	0
(8) Stephen Shapiro MD Board of Trustees/Governors	2 0 49 0	X						0	439,620	60,262
(9) Brian Sieck MD BD of GOV - SEC/Treas/Trustee	2 0 46 0	X		X				0	407,686	57,762
(10) Greg Thompson MD BD of Gov - MBR/CMO/Trustee	2 0 48 0	X		X				0	420,722	58,512
(11) Jonathan Zlabek MD Board of Trustees/Governors	2 0 46 0	X						0	287,578	60,262
(12) Julio Bird MD Board of Governors - Exec VP	2 0 46 0	X		X				0	668,794	57,762
(13) Sigurd Gundersen III MD Board of Governors - Member	2 0 48 8	X						0	368,654	57,762
(14) P Michael Jacobs DPM Board of Governors - Member	2 0 46 0	X						0	279,152	60,262
(15) Kelley Bahr MD Board of Governors - Member	2 0 46 25	X						0	298,485	34,510
(16) Brian Mulrennan MD Board of Governors - Member	2 0 46 0	X						0	302,767	58,541
(17) Michael Allen Chief Financial Officer	0 0 42 0			X				0	358,081	60,262
(18) Mary Kuffel MD Medical Vice President	0 0 40 0				X			0	447,846	40,470
(19) Michael Dolan MD Medical Vice President	0 0 42 0				X			0	474,275	58,685
(20) Marilu Bintz MD Medical Vice President	0 0 41 0				X			0	525,798	48,042
(21) Scott Rathgaber MD Medical Vice President	0 0 40 0				X			0	500,654	59,262
(22) Mary Lu Gerke Vice President	0 0 40 0				X			0	204,004	39,792
(23) Janice DeHaan Vice President	0 0 40 0				X			0	138,238	14,897
(24) Kraig Schuster Vice President	0 0 40 0				X			0	174,216	45,403

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			
(26) Beth Smith-Houskamp Vice President	0 0 41 5				X			0	302,983	39,124
(1) Bryan Erdmann Vice President	0 0 42 0				X			0	201,449	50,738
(2) Kelly Barton Vice President	0 0 41 5				X			0	201,065	50,337
(3) Kathleen Klock Senior Vice President	0 0 40 8				X			0	401,500	41,500
(4) Gerald Arndt Senior Vice President	0 0 41 0				X			0	393,412	40,470
(5) Robert Trine Senior Vice President	0 0 40 0				X			0	151,766	8,635
(6) Mark Platt Senior Vice President	0 0 42 5				X			0	350,794	57,762
(7) Debra Rislow Senior Vice President	0 0 42 0				X			0	331,416	53,142
(8) Mary Jafari Senior Physicist	0 0 40 0					X		0	216,593	46,905
(9) John Wochos Clinical Manager	0 0 40 0					X		0	203,815	52,551
(10) Alan Daus Senior Physicist	0 0 40 0					X		0	200,660	49,203
(11) Michael Meyers II Administrative Director	0 0 40 0					X		0	195,806	1,916
(12) Kimberly Schmidt Senior Physicist	0 0 40 0					X		0	174,708	45,715
(13) Frank Aberger MD Board of Governors - Member	0 0 40 0						X	0	491,477	60,262
(14) William Agger MD Board of Governors - Member	0 0 40 0						X	0	221,713	53,210

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Gundersen Lutheran Medical CenterINC

Employer identification number
39-0813416

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* . . .	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Gundersen Lutheran Medical CenterINC	39-0813416

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	281,562
c Total lobbying expenditures (add lines 1a and 1b)	0	281,562
d Other exempt purpose expenditures	799,372,884	1,701,976,927
e Total exempt purpose expenditures (add lines 1c and 1d)	799,372,884	1,702,258,489
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	216,456	232,875	243,735	281,562	974,628
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures		0	0	0	0

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-A LINE 1A-D	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC , 1910 S AVE , LA CROSSE, WI 54601, 39-1606449 LOBBYING EXPENSE - $256,582 OTHER EXEMPT PURPOSE EXPENSE - $682,487,186 GUNDERSEN CLINIC, LTD 1836 S AVE , LA CROSSE, WI 54601, 39-1028657 LOBBYING EXPENSE - $ 24,980 OTHER EXEMPT PURPOSE EXPENSE - $220,116,857 GUNDERSEN LUTHERAN MEDICAL CENTER, INC , 1910 S AVE, LA CROSSE, WI 54601, 39-0813416 LOBBYING EXPENSE - $0 OTHER EXEMPT PURPOSE EXPENSE - $799,372,884 GUNDERSEN LUTHERAN HEALTH SYSTEM, INC , 1836 S AVE , LA CROSSE, WI 54601, 39-1866425 LOBBYING EXPENSE - $0 OTHER EXEMPT PURPOSE EXPENSE - $0

Part IV Supplemental Information *(continued)*

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Gundersen Lutheran Medical CenterINC

Employer identification number
39-0813416

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages 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)		
(ii) related organizations	3a(ii)		
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		3,723,381		3,723,381
b Buildings		380,209,246	99,683,756	280,525,490
c Leasehold improvements		4,439,044	3,413,257	1,025,787
d Equipment		94,885,378	57,451,908	37,433,470
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				322,708,128

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) INTERCOMPANY RECEIVABLES	597,719,292
(2) OTHER RECEIVABLES	5,708,356
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	603,427,648

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
LEASE CONTRACT PAYABLE	384,357
LONG-TERM MALPRACTICE CLAIMS RESERV	995,085
ASSET RETIREMENT OBLIGATION	280,342
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,659,784

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 (losses) 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 FOR UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2014 AND 2013 THE OBLIGATED GROUP'S INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION FOR 2008 AND PRIOR

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320049555

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Gundersen Lutheran Medical CenterINC

Employer identification number
39-0813416

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,887,832		4,887,832	0 920 %
b Medicaid (from Worksheet 3, column a)			77,261,283	44,982,784	32,278,499	4 090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,779,368	7,413,305	2,366,063	0 300 %
d **Total** Financial Assistance and Means-Tested Government Programs			91,928,483	52,396,089	39,532,394	5 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,405,642	96,393	1,309,250	0 170 %
f Health professions education (from Worksheet 5)			10,710,603	4,138,645	6,571,958	0 830 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			387,095		387,095	0 050 %
j **Total.** Other Benefits			12,503,340	4,235,038	8,268,303	1 050 %
k **Total.** Add lines 7d and 7j			104,431,823	56,631,127	47,800,697	6 320 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other			2,389,228		2,389,228	
10	**Total**			2,389,228		2,389,228	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,319,369		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	114,826,567	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	141,647,742	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-26,821,175	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group GUNDERSEN LUTHERAN MEDICAL CENTERINC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) REFER TO SECTION C			
b	☑ Other website (list url) REFER TO SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) REFER TO SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group GUNDERSEN LUTHERAN MEDICAL CENTERINC

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group GUNDERSEN LUTHERAN MEDICAL CENTERINC

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **10**

	Name and address	Type of Facility (describe)
1	GL SATELLITE DIALYSIS-ONALASKA 3075 S KINNEY COULEE RD ONALASKA, WI 54650	RENAL DIALYSIS CENTER
2	GL HOSPICE INDUSTRIAL REHAB BUILDING 1843 SIMS PL LA CROSSE, WI 54601	HOSPICE SERVICES
3	UNITY HOUSE FOR WOMEN 1312 5TH AVE S LA CROSSE, WI 54601	ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES
4	UNITY HOUSE FOR MEN 1918-1924 MILLER ST LA CROSSE, WI 54601	ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES
5	GL SATELLITE DIALYSIS-VIROQUA 407 S MAIN ST VIROQUA, WI 54665	RENAL DIALYSIS CENTER
6	GL SATELLITE DIALYSIS-PRAIRE DU CHIEN 610 E TAYLOR ST PRAIRE DU CHIEN, WI 53821	RENAL DIALYSIS CENTER
7	GL SATELLITE DIALYSIS-BLACK RVR FALLS 711 W ADAMS ST BLACK RIVER FALLS, WI 54615	RENAL DIALYSIS CENTER
8	GL SATELLITE DIALYSIS-TOMAH 312 BUTTS AVE TOMAH, WI 54660	RENAL DIALYSIS CENTER
9	GL SATELLITE DIALYSIS-RICHLAND CENTER 1313 W SEMINARY ST RICHLAND CENTER, WI 53581	RENAL DIALYSIS CENTER
10	GL MENTAL HEALTH DAY TREAT BEHAV HLTH 123 16TH AVE S ONALASKA, WI 54656	OUTPATIENT PSYCHOLOGICAL SERVICES

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	GUNDERSEN LUTHERAN MEDICAL CENTER, INC USES THE FEDERAL POVERTY GUIDELINES AS ONE MEANS OF DETERMINING ELIGIBILITY FOR CHARITY CARE THE FEDERAL POVERTY GUIDELINES ARE UPDATED AND PUBLISHED ANNUALLY BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES AS A GENERAL RULE, A PATIENT'S INCOME, BASED ON FAMILY SIZE, MUST BE AT OR BELOW 400% OF THE FEDERAL POVERTY GUIDELINES TO BE ELIGIBLE FOR THE FINANCIAL ASSISTANCE program A SLIDING SCALE BASED ON THE PATIENT'S INCOME LEVEL UNDER THE FEDERAL POVERTY GUIDELINES WILL BE USED TO DETERMINE THE PRECISE AMOUNT OF CHARITY CARE FOR WHICH A PATIENT WILL BE ELIGIBLE SOME PATIENTS MAY EXCEED 400% OF THE FEDERAL POVERTY GUIDELINES, BUT MAY STILL BE ELIGIBLE FOR CHARITY CARE WHEN ADDITIONAL CRITERIA SUCH AS CATASTROPHIC MEDICAL COSTS ARE CONSIDERED "CATASTROPHIC" IS DEFINED AS MEDICAL EXPENSES GREATER THAN 25% OF ANNUAL GROSS INCOME ADDITIONAL FACTORS ARE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY FOR CATASTROPHIC FINANCIAL ASSISTANCE 1) THE AMOUNT OWED IN RELATION TO THE PATIENT'S TOTAL MEANS 2) MEDICAL STATUS 3) EMPLOYMENT POTENTIAL IN LIGHT OF THE PATIENT'S MEDICAL CONDITION ALONG WITH SKILLS 4) DOES THE PATIENT LIVE ON A FIXED INCOME 5) EXISTING LIABILITIES 6) LEVEL AND TYPE OF ASSETS 7) ADDITIONAL FINANCIAL OBLIGATIONS AND TYPE

Form and Line Reference	Explanation
PART I,LINE 6A	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC

Form and Line Reference	Explanation
PART I, LINE 7	COST TO CHARGE RATIO WAS USED AS A STARTING POINT IN DETERMINING THE COST OF SERVICES PROVIDED TO PATIENTS CERTAIN ADJUSTMENTS WERE MADE, CONSIDERING THE TYPES OF SERVICES PROVIDED, TO MORE ACCURATELY REFLECT THE ACTUAL COST OF SERVICES WE ALSO ENSURED THAT THE FINAL RESULT WAS WITHIN THE EXPECTED RANGE BASED ON OUR AVERAGE COST TO CHARGE RATIO

Form and Line Reference	Explanation
PART I, LINE 7 COLUMN(F)	THE PERCENT OF TOTAL EXPENSE WAS CALCULATED BY DIVIDING THE COMMUNITY BENEFIT COST BY TOTAL HOSPITAL EXPENSES Less the $10,881,075 Provision for Uncollectible accounts

Form and Line Reference	Explanation
PART I, LINE 6B	THE COMMUNITY BENEFIT REPORT IS FILED WITH THE WISCONSIN HOSPITAL ASSOCIATION (WHA) THE WHA MAKES AVAILABLE A COMBINED SUMMARY WITH ALL OF THE HOSPITALS IN WISCONSIN INCLUDED

Form and Line Reference	Explanation
PART II	THE GUNDERSEN LUTHERAN HEALTH SYSTEM, WHICH INCLUDES THE GUNDERSEN LUTHERAN MEDICAL CENTER, INC IS COMMITTED TO OUR COMMUNITIES AS VOICED IN OUR MISSION WE DISTINGUISH OURSELVES THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION, RESEARCH, AND THROUGH IMPROVED HEALTH IN THE COMMUNITIES WE SERVE THE ACTIVITIES NOTED ABOVE ARE ONLY AN EXAMPLE OF THE INVOLVEMENT WITHIN OUR COMMUNITIES INCLUDING HEALTH IMPROVEMENT, ADVOCACY FOR PEOPLE WITH DISABILITIES, RECOGNITION OF DIVERSITY AND INCLUSION, MENTAL HEALTH, DOMESTIC VIOLENCE, WORKFORCE DEVELOPMENT, EDUCATION AND SAFETY ACTIVITIES ARE GUIDED BY COMMUNITY NEEDS ASSESSMENT CONDUCTED IN PARTNERSHIP WITH UNITED WAY, COUNTY HEALTH DEPARTMENTS AND OTHER REGIONAL HOSPITALS OTHER INFORMATION THAT GUIDES OUR WORK INCLUDES WORKSITE HEALTH RISK APPRAISALS, STATE AND NATIONAL DATA, AND OUR HEALTH SCORECARD MAINTAINED AT THE MEDICAL HEALTH SCIENCE CONSORTIUM AS A LARGER SYSTEM, COMMUNITY BUILDING ACTIVITIES ENCOMPASS ALL CORPORATIONS LEADERSHIP IN COMMUNITY HEALTH IMPROVEMENT IS EVIDENCED BY OUR ACTIVITY WITH SEVERAL COMMUNITY COALITIONS AND INITIATIVES WITH EMPHASIS ON REDUCING OBESITY BY IMPROVING NUTRITION AND ACTIVITY, ALCOHOL ABUSE AND ENHANCING MENTAL HEALTH SERVICES INCLUDING THE BUILDING OF A NEW INPATIENT BEHAVIORAL HEALTH FACILITY AS OFTEN AS POSSIBLE, ACTIVITIES ARE MEASURED AND OUTCOMES REPORTED DUE TO OUR CUTTING EDGE IMPROVEMENTS AND INNOVATIONS ON OUR LA CROSSE CAMPUS, OUR SUSTAINABILITY PLAN HAS GAINED NATIONAL ATTENTION AND HAS BECOME AN EXAMPLE FOR MANY BUSINESSES IN THE AREA SENSITIVE TO THE NEEDS OF OUR ENVIRONMENT

Form and Line Reference	Explanation
PART III, LINE 2	COST TO CHARGE RATIO WAS OUR STARTING POINT FOR DETERMINING THE COST OF SERVICES PROVIDED TO PATIENT'S ACCOUNTS WITH A BAD DEBT ADJUSTMENT THE COST OF SERVICES WAS ALLOCATED BETWEEN BAD DEBT ADJUSTMENT, PAYMENTS ON THE ACCOUNT, AND CHARITY ADJUSTMENTS WHERE APPLICABLE A RATIO OF THE AMOUNT ALLOCATED TO BAD DEBT AND THE TOTAL BAD DEBT ADJUSTMENTS IN THE ACCOUNTS REVIEWED IS MULTIPLIED BY THE TOTAL BAD DEBT EXPENSE TO CALCULATE THE COST APPLICABLE TO BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 3	GUNDERSEN LUTHERAN'S FINANCIAL ASSISTANCE POLICY (FAP) PROVIDES FREE AND DISCOUNTED CARE UP TO 400% OF THE FEDERAL POVERTY GUIDELINES (FPG) SOME PATIENTS MAY EXCEED THE 400% FPG WHEN ADDITIONAL CRITERIA SUCH AS CATASTROPHIC MEDICAL COSTS ARE CONSIDERED THE DATA USED IS FROM THE US CENSUS BUREAU, 2008-2010 AMERICAN COMMUNITY SURVEY (ACS) 3-YEAR DATA SET FOR THE WISCONSIN COUNTIES AND ACS 5-YEAR DATA SET FOR HOUSTON COUNTY FOR HOUSTON COUNTY, WE USED THE MINNESOTA STATE AVERAGE BECAUSE 200% VALUE WAS SO HIGH FOR HOUSTON COUNTY WE OBTAINED THE AVERAGE OF THE FIVE COUNTIES BY USING THE INFORMATION AT THE 3 00-3 99 (399%) OF FEDERAL POVERTY LEVEL (FPL) AND BELOW THE NEXT RANGE WAS 4 00-4 99 RATIO OF INCOME TO POVERTY IN THE LAST 12 MONTHS WE MULTIPLIED THE FIVE COUNTY AVERAGE AT 399% OF FPL TO THE BAD DEBT AT COST WE DEDUCTED THE AMOUNT OF CHARITY CARE AT COST TO OBTAIN THE AMOUNT OF BAD DEBT AT COST TO PATIENTS ELIGIBLE UNDER FAP(BUT FOR WHOM INSUFFICIENT INFORMATION WAS OBTAINED TO DETERMINE THEIR ELIGIBILITY)

Form and Line Reference	Explanation
PART III, LINE 4	THE COLLECTION OF RECEIVABLES FROM THIRD-PARTY PAYORS AND PATIENTS IS THE OBLIGATED GROUP'S PRIMARY SOURCE OF CASH FOR OPERATIONS THE PRIMARY COLLECTION RISKS RELATE TO UNINSURED PATIENT ACCOUNTS AND PATIENT DEDUCTIBLES AND COINSURANCE ON INSURERS' ACCOUNTS PATIENT RECEIVABLES, INCLUDING THE PORTION THAT A THIRD-PARTY PAYOR IS RESPONSIBLE FOR, ARE CARRIED AT NET REALIZABLE VALUE, DETERMINED BY THE ORIGINAL CHARGE FOR THE SERVICE PROVIDED LESS AN ESTIMATE MADE FOR CONTRACTUAL ADJUSTMENTS OR DISCOUNTS PROVIDED TO THIRD-PARTY PAYORS PATIENT RECEIVABLES DUE DIRECTLY FROM THE PATIENTS ARE CARRIED ON THE ACCOMPANYING COMBINED BALANCE SHEETS AT THE ORIGINAL CHARGE FOR THE SERVICE PROVIDED LESS AMOUNTS COVERED BY THIRD-PARTY PAYORS, ALLOWANCES FOR OTHER DISCOUNTS, AND AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES THE OBLIGATED GROUP DOES NOT CHARGE INTEREST ON PAST DUE RECEIVABLES RECEIVABLES ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE OBLIGATED GROUP'S POLICIES RECOVERIES OF RECEIVABLES PREVIOUSLY WRITTEN OFF ARE RECORDED AS A REDUCTION OF BAD DEBT EXPENSE ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE OBLIGATED GROUP ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS THE ANALYSIS IS PERFORMED USING A HINDSIGHT CALCULATION THAT UTILIZES WRITE-OFF DATA FOR ALL PAYOR CLASSES DURING A DETERMINED TIME PERIOD TO CALCULATE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AT A POINT IN TIME ACCOUNTS RECEIVABLE BALANCES, WITHOUT PAYMENT ARRANGEMENTS, OVER 365 DAYS ARE FULLY ALLOWED FOR AT DECEMBER 31, 2014 AND 2013, THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WAS $27,839 AND $26,763 (DOLLARS IN THOUSANDS), RESPECTIVELY, WHICH AS A PERCENT OF ACCOUNTS RECEIVABLE, NET OF CONTRACTUAL ADJUSTMENTS, WAS 19% for both years

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE COST REPORT IS USED TO DETERMINE ALLOWABLE COSTS THE UNREIMBURSED MEDICARE COSTS ON PART III, SECTION B OF SCHEDULE H ARE ALLOWABLE COSTS PER THE MEDICARE COST REPORT THIS CALCULATION IS LIMITED TO PATIENTS WHO ARE COVERED UNDER THE MEDICARE FEE FOR SERVICE PLAN AND DOES NOT INCLUDE THOSE COVERED BY THE MEDICARE ADVANTAGE PLANS IT ALSO DOES NOT INCLUDE ALL SERVICES PROVIDED BY THE HOSPITAL TO PATIENTS COVERED UNDER THE MEDICARE FEE FOR SERVICE PLAN IT EXCLUDES HOSPICE SERVICES, AMBULANCE SERVICES, CLINICAL LABORATORY SERVICES, AND A FEW OTHER MISCELLANEOUS SERVICES INCORPORATING ALL SERVICES TO ALL MEDICARE BENEFICIARIES, THE UNREIMBURSED COST FOR MEDICARE IS $42,983,210

Form and Line Reference	Explanation
PART III, LINE 9B	WHEN A PATIENT HAS INDICATED OR DEMONSTRATED AN "INABILITY TO PAY", A GUNDERSEN LUTHERAN FINANCIAL REPRESENTATIVE (OR ANOTHER APPROPRIATE REPRESENTATIVE) WILL PROVIDE THE PATIENT WITH A FINANCIAL ASSISTANCE APPLICATION (FAA) AND FULL, EXPLICIT INSTRUCTIONS FOR ITS COMPLETION ALONG WITH A REQUEST FOR THE DOCUMENTS NECESSARY TO VERIFY POTENTIAL PATIENT ASSETS AND LIABILITIES DEPENDING ON A PATIENT'S ELIGIBILITY, PARTIAL OR ENTIRE ACCOUNT BALANCES THAT CANNOT BE SETTLED DUE TO FINANCIAL HARDSHIP CAN BE WRITTEN-OFF AS CHARITY CARE IF A FINANCIAL ASSISTANCE APPLICATION IS COMPLETED AND APPROVED IN DETERMINING THE AMOUNT OF CHARITY CARE FOR WHICH A PATIENT WILL BE ELIGIBLE, GUNDERSEN LUTHERAN WILL APPLY A SLIDING SCALE BASED ON THE PATIENT'S INCOME LEVEL UNDER THE FEDERAL POVERTY GUIDELINES AND TOTAL ASSETS

Form and Line Reference	Explanation
PART VI, LINE 2	IT IS THE POLICY OF GUNDERSEN LUTHERAN MEDICAL CENTER, INC TO ENGAGE IN PRACTICES WHICH PROVIDE A BENEFIT TO THE COMMUNITY THIS IS IN ACCORDANCE WITH ITS COMMUNITY SERVICE MISSION STATEMENT WHICH READS "WE SUPPORT AND STRENGTHEN THE COMMUNITIES WE SERVE WITH PARTNERSHIPS AND INVESTMENT THROUGH EFFECTIVE HEALTH IMPROVEMENT PROGRAMMING, CORPORATE CITIZENSHIP, VOLUNTEERISM, AND ECONOMIC CONTRIBUTIONS" DEFINITION OF COMMUNITY BENEFIT IN CONCERT WITH WISCONSIN HOSPITAL ASSOCIATION (WHA), CATHOLIC HOSPITAL ASSOCIATION (CHA), AND VETERANS HEALTH ADMINISTRATION (VHA), AND INTERPRETATION OF IRS GUIDELINES, GUNDERSEN LUTHERAN MEDICAL CENTER, INC DEFINES "COMMUNITY BENEFIT" AS PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS, REGARDLESS OF SOURCE OR AVAILABILITY OF PAYMENT THESE PROGRAMS OR ACTIVITIES PROVIDE MEASURABLE IMPROVEMENT IN HEALTH STATUS, ACCESS OR USE OF HEALTH CARE RESOURCES TO THE SERVICE COMMUNITY SPECIFICALLY, GOALS INCLUDE ACCESS AND COVERAGE, HEALTH PROMOTIONS, SOCIAL AND BASIC NEEDS, CORPORATE CITIZENSHIP, ACTIVITIES INCLUDING FINANCIAL CONTRIBUTIONS, DONATIONS OF MATERIALS AND EMPLOYEE VOLUNTEERISM BEGINNING IN LATE 2010 AND CONCLUDING IN JANUARY 2012, A COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED FOR A 5-COUNTY GEOGRAPHIC AREA PARTNERS IN THE COMMUNITY NEEDS ASSESSMENT INCLUDED GUNDERSEN LUTHERAN AND 7 OTHER HOSPITALS, 5 COUNTY HEALTH DEPARTMENTS AND THE UNITED WAY A PAPER HOUSEHOLD SURVEY WAS CONDUCTED AND OVER 1,100 PEOPLE RESPONDED OVER 38 FOCUS GROUPS AND KEY STAKEHOLDER GROUPS (HELD IN 3 LANGUAGES AND INCLUDING PEOPLE OF VARYING AGES AND ABILITIES) WERE HELD INVOLVING OVER 350 INDIVIDUALS WELL OVER 100 SOCIOECONOMIC AND HEALTH INDICATORS WERE GATHERED TO SUPPORT THE MORE SUBJECTIVE DATA THE LEADERSHIP TEAM REPRESENTING THE PARTNERS AND OTHER CONTENT EXPERTS LED THIS DATA GATHERING, WILL REVIEW THE REPORT, AND BASED ON THE REPORT, THEIR EXPERTISE, AND THE ESTABLISHED CRITERIA, PRIORITIZE ISSUES, THAT WILL BE CONSIDERED TO BE OUR COMMUNITY'S NEEDS AN IMPLEMENTATION PLAN WAS DEVELOPED AND APPROVED BY THE BOARD OF GOVERNORS AND BOARD OF TRUSTEES IN AUGUST 2012 THAT INCLUDES GUNDERSEN LUTHERAN'S ACTION STEPS THAT WILL IMPACT THOSE IDENTIFIED NEEDS THE NEEDS ASSESSMENT AND IMPLEMENTATION PLAN ARE AVAILABLE ON THE WEBSITE AND IN OUR CONSUMER LIBRARY

Form and Line Reference	Explanation
PART VI, LINE 3	SUBJECT TO EMTALA REQUIREMENTS, WHEN A PATIENT IS ADMITTED TO GUNDERSEN LUTHERAN HOSPITAL, CHECKED-IN BY A RECEPTIONIST OR INITIALLY CONTACTED BY A HOME HEALTH REPRESENTATIVE, HE OR SHE IS NOTIFIED OF POTENTIAL OUT OF POCKET EXPENSE AND GUNdERSEN HEALTH SYSTEM'S PATIENT PAYMENT GUIDLINES IF THIS IS NOT POSSIBLE, THE PATIENT WILL BE ADVISED OF OUR POLICY REGARDING INSTALLMENT PAYMENTS AT THIS TIME, INSURANCE COVERAGE IS ALSO VERIFIED IF APPROPRIATE, FINANCIAL COUNSELING IS MADE AVAILABLE TO ASSIST PATIENTS TO BE SCREENED FOR ANY MEDICAL ASSISTANCE OR DISABILITY PROGRAMS, OR OTHER PAYMENT SOURCE WILL BE IDENTIFIED AND RECORDED HOWEVER, NEITHER OF THESE PROCEDURES WILL BE FOLLOWED IN ANY SITUATION THAT MAY VIOLATE EMTALA PROVISIONS (SEE POLICY GL-3001) IN THAT INSTANCE THE PATIENT'S INSURANCE STATUS WILL BE RECORDED AS SOON AFTER STABILIZATION AS POSSIBLE IF A PATIENT DOES NOT HAVE INSURANCE COVERAGE OR CANNOT PROVIDE EVIDENCE OF SUCH, HE OR SHE WILL BE CLASSIFIED AS "SELF-PAY" WITHIN THE PATIENT FINANCIAL SYSTEM UNINSURED PATIENT A PATIENT WITH NO THIRD-PARTY COVERAGE PROVIDED THROUGH A COMMERCIAL THIRD-PARTY INSURER, AN ERISA PLAN, A FEDERAL HEALTH CARE PROGRAM (INCLUDING WITHOUT LIMITATION MEDICARE, MEDICAID, SCHIP, AND CHAMPUS), WORKER'S COMPENSATION, OR OTHER THIRD PARTY ASSISTANCE AVAILABLE TO COVER THE COST OF A PATIENT'S HEALTHCARE EXPENSES UNINSURED DISCOUNT PATIENTS WITH NO THIRD-PARTY COVERAGE WILL BE PROVIDED A 46% UNINSURED DISCOUNT AT THE TIME THAT THE UNDISCOUNTED CHARGES ARE RENDERED THIS APPLIES TO PATIENTS WITH NO COVERAGE FOR PAYMENT FROM HEALTH CARE INSURANCE AND/OR OTHER 3RD PARTY PAYORS PATIENTS, OR PATIENT GUARANTORS, GRANTED THE UNINSURED DISCOUNT, ARE NOT PRECLUDED FROM APPLYING AND QUALIFYING FOR ADDITIONAL FINANCIAL ASSISTANCE PROVIDED HEREIN GUNDERSEN LUTHERAN MEDICAL CENTER, INC PAYMENT POLICIES ARE POSTED IN THE PATIENT REGISTRATION AREAS OF THE INSTITUTION AND FROM FINANCIAL COUNSELORS THROUGHOUT THE ORGANIZATION, AS WELL AS THE CORPORATE WEBSITE AT WWW GUNDERSENHEALTH ORG IN ADDITION GUNDERSEN LUTHERAN'S PAYMENT OPTIONS ARE PRINTED ON THE REVERSE OF ALL GUNDERSEN HEALTH SYSTEM BILLING STATEMENTS AND ARE AVAILABLE AT ANY TIME UPON PATIENT REQUEST

Form and Line Reference	Explanation
PART VI, LINE 4	GUNDERSEN LUTHERAN MEDICAL CENTER INC IS A MAJOR TERTIARY TEACHING HOSPITAL IN THE GUNDERSEN LUTHERAN HEALTH SYSTEM, INC LOCATED IN LA CROSSE, WI, THE HOSPITAL SERVES PATIENTS FROM THE LA CROSSE AND SURROUNDING AREAS INCLUDING 19 COUNTIES IN WESTERN WISCONSIN, SOUTHEASTERN MINNESOTA AND NORTHEASTERN IOWA LA CROSSE COUNTY, WITH A POPULATION OF approximately 116,500 PEOPLE, IS THE LARGEST COMMUNITY IN OUR SERVICE REGION TOTAL 19 COUNTY SERVICE AREA POPULATION IS APPROXIMATELY 569,000 WITH AN AVERAGE HOUSEHOLD INCOME OF $61,552 13 3% OF THE 19 COUNTY SERVICE AREA POPULATION IS COVERED BY MEDICAID (ACCORDING TO WI AND IA DATA) PROJECTED POPULATION GROWTH IS MUCH SLOWER AT 0 9% COMPARED TO THE NATIONAL POPULATION GROWTH PROJECTION OF 3 5% 21 6% OF THE POPULATION ARE AGE 17 OR UNDER COMPARED TO 23 4% NATIONALLY THE SERVICE AREA POPULATION OF 65 AND OLDER ADULTS IS 19 0% COMPARED TO 14 2% NATIONALLY 7 3% OF THE POPULATION IS NON-WHITE SEVERAL SMALLER RURAL COMMUNITY HOSPITALS ARE LOCATED THROUGHOUT THE REGION GUNDERSEN TRI-COUNTY HOSPITAL LOCATED IN WHITEHALL, WISCONSIN, GUNDERSEN ST JOSEPH'S HOSPITAL LOCATED HILLSBORO, WISCONSIN, PALMER LUTHERAN HEALTH CENTER LOCATED IN WEST UNION, IOWA AND GUNDERSEN BOSCOBEL AREA HOSPITAL LOCATED IN BOSCOBEL, WISCONSIN ARE AFFILITATES OF THE GUNDERSEN LUTHERAN HEALTH SYSTEM, INC SPECIALIZED SERVICES PERFORMED AT THE HOSPITAL INCLUDE ALLERGY, AUDIOLOGY, BEHAVIORAL MEDICINE, CARDIOLOGY, CARDIOTESTING LAB, CATH LAB, DERMATOLOGY, ECHOCARDIOGRAPHY, ENDOCRINOLOGY, ENDODONTICS, EXERCISE PHYSIOLOGY, GASTROENTEROLOGY, HEMATOLOGY, HOSPITALIST, INFECTIOUS DISEASE, NEPHROLOGY, NEUROLOGY, NEUROPSYCHOLOGY, OB/GYN, OCCUPATIONAL SERVICES, ONCOLOGY, OPTHALMOLOGY, OTOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, PERIODONTICS, PHYSICAL MEDICINE AND REHAB, PHYSICAL THERAPY, PLASTIC SURGERY, PODIATRY, PROSTHODONTICS, PSYCHIATRIC, PULMONARY RENAL DIALYSIS, RHEUMATOLOGY, SPEECH PATHOLOGY, SPORTS MEDICINE, SURGERY, AND UROLOGY GUNDERSEN HEALTH SYSTEM PROVIDED SIGNIFICANT CHARITY CARE AND OTHER COMMUNITY BENEFITS AS DEFINED BY THE IRS IN ADDITION, WE PROVIDE A CRITICALLY IMPORTANT COMMUNITY BENEFIT, MUCH OF WHICH IS NOT QUANTIFIED OUR HOSPITAL, LIKE MOST COMMUNITY HOSPITALS, WAS CREATED AND IS MAINTAINED IN ORDER TO PROVIDE CARE LOCALLY, CARE THAT WITHOUT OUR HOSPITAL MAY NOT BE AVAILABLE LOCALLY

Form and Line Reference	Explanation
PART VI, LINE 5	A MAJORITY OF THE HEALTH SYSTEM'S BOARD OF TRUSTEES ARE INDIVIDUALS FROM THE COMMUNITY WHO RESIDE IN THE LA CROSSE AREA THESE INDIVIDUALS ARE NOT EMPLOYEES OF THE HEALTH SYSTEM MANY OTHER EXAMPLES EXIST REFLECTING THE HEALTH SYSTEM'S SUPPORT AND PROMOTION OF THE HEALTH OF THE COMMUNITY PROGRAMS FOR THE COMMUNITY ARE PROVIDED AT NO COST SUCH AS PHYSICAL ACTIVITY CHALLENGE, HEALTHY MENU PLANNING FOR LOCAL RESTAURANTS, AND HEALTH SCREENINGS AT NUMEROUS EVENTS THROUGHOUT THE YEAR A FREE NURSE ADVISOR LINE IS AVAILABLE FOR ALL TO ASSIST CALLERS PRIORITY ONE DESIGNATION ASSURES HEART ATTACK PATIENTS SEEN IN HOSPITALS THROuGHOUT THE REGION ARE CARED FOR WITH PROVEN PROTOCOLS AND TIMELY PROCEDURES GUNDERSEN LUTHERAN STAFF ARE ENCOURAGED TO PARTICIPATE IN THEIR LOCAL COMMUNITY ORGANIZATIONS STAFF LEND THEIR EXPERTISE IN LEADERSHIP POSITIONS TO ORGANIZATIONS SUCH AS THE UNITED WAY, HEALTH MISSION, CHAMBER OF COMMERCE, HUMAN SERVICE ORGANIZATIONS AND HEALTH IMPROVEMENT INITIATIVES STAFF FROM GUNDERSEN LUTHERAN HAVE BEEN INSTRUMENTAL IN ACHIEVING COMMUNITY NEEDS ASSESSMENTS AND IMPLEMENTATION OF COMMUNITY INITIATIVES IN AREAS OF OBESITY, ALCOHOL USE, CHILD SAFETY, DOMESTIC VIOLENCE, CHILD ABUSE AND ENVIRONMENTAL HEALTH PATIENT ADVISORY GROUPS FROM VARIOUS SECTORS OF OUR COMMUNITY ARE COORDINATED IN ORDER FOR US TO BETTER MEET THE NEEDS OF OUR PATIENTS

Form and Line Reference	Explanation
PART VI, LINE 6	ALL AFFILIATES OF THE HEALTH SYSTEM HAVE A RESPONSIBILITY TO PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE THE MAJORITY OF EMPLOYEES, BASED IN THE ADMINISTRATIVE CORPORATION, ARE ACTIVELY INVOLVED IN PROGRAMS AND SERVICES FOR THE COMMUNITY AS WELL AS MAINTAINING PARTNERSHIPS WITH A VARIETY OF ORGANIZATIONS, COALITIONS, INITIATIVES AND AGENCIES IN OUR COMMUNITIES THAT PROMOTE HEALTH THE ADMINISTRATIVE CORPORATION ALSO PROVIDES THE FINANCIAL CORPORATE CONTRIBUTIONS TO VARIOUS ORGANIZATIONS AND COMMUNITY ACTIVITIES OUR FOUNDATION PROVIDES SUPPORT FOR NUMEROUS COMMUNITY HEALTH PROMOTION PROGRAMS AS WELL, PROVIDED BY THE HEALTH SYSTEM OR OTHER ORGANIZATIONS IN OUR COMMUNITY CLINICAL STAFF SUPPORT SCREENINGS AND THE HEALTH MISSION OUR LOCAL RURAL HOSPITAL AFFILIATES PROVIDE SUPPORT TO THEIR RESPECTIVE COMMUNITIES OUR CLINICS, LOCATED IN OVER 20 COMMUNITIES PROVIDE SUPPORT UNIQUE TO THE NEEDS OF THAT COMMUNITY THE MEDICAL CENTER, AS PART OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, WORKS WITH AND IS RELATED TO GUNDERSEN CLINIC, LTD WHICH PROVIDED UNCOMPENSATED CARE IN THE AMOUNT OF APPROXIMATELY $55,681,113 BASED ON POLICIES AND CONTRACTS ARRRANGED TO HELP SUPPORT THE COMMUNITY'S NEEDS RELATED TO HEALTH CARE SERVICES, THE $55,681,113 IS THE SUM OF UNREIMBURSED MEDICARE & MEDICAID COST PLUS CHARITY AT COST ALL OF THESE ARE CALCULATED USING THE SAME METHOD UTILIZED FOR THE HOSPITAL CALCULATION OF CHARITY COST AND UNREIMBURSED MEDICARE AND MEDICAID COSTS THE COST OF CHARITY IS CALCULATED BY ALLOCATING THE COST TO PROVIDE SERVICES TO A PATIENT BETWEEN ANY PAYMENTS, BAD DEBT, AND CHARITY WRITE-OFFS WHERE TOTAL PAYMENTS ARE LESS THAN THE COST OF SERVICES PROVIDED THE UNREIMBURSED MEDICARE AND MEDICAID COSTS ARE CALCULATED BY COMPARING THE COST OF SERVICES TO MEDICARE AND MEDICAID PATIENTS TO THE NET REVENUE FOR THOSE SAME PATIENTS UNREIMBURSED COST IS THE AMOUNT THE COST EXCEEDS THE NET REVENUE AMOUNTS ARE REPORTED IN GUNDERSEN CLINIC, LTD SEPARATE 990 AFFILIATED ENTITY CHARITY CARE AN AFFILIATE OF GUNDERSEN LUTHERAN MEDICAL CENTER, INC , GUNDERSEN CLINIC, LTD , IS NOT REQUIRED TO FILE SCHEDULE H OF FORM 990 GUNDERSEN CLINIC, LTD PROVIDED COMMUNITY BENEFIT OF CHARITY AT COST $2,299,188 MEDICARE UNREIMBURSED COST $41,075,053 MEDICAID UNREIMBURSED COST $12,306,872

Form and Line Reference	Explanation
PART VI, LINE 7	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT WI

Additional Data

Software ID:
Software Version:
EIN: 39-0813416
Name: Gundersen Lutheran Medical CenterINC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 3J	Gundersen Lutheran Medical Center, INC THE COMPASS NOW 2012 PROCESS INCLUDED A VARIETY OF DATA COLLECTION METHODS USED TO CREATE AN OVERALL DESCRIPTION OF THE ISSUES FACING OUR COMMUNITIES THESE METHODS INCLUDE A RANDOM HOUSEHOLD SURVEY, FOCUS GROUP DISCUSSIONS HELD WITH COMMUNITY MEMBERS, AN EXTENSIVE REVIEW OF SOCIO-ECONOMIC INDICATORS, AND AN INVENTORY OF COMMUNITY RESOURCES THE DATA COLLECTED GUIDED THE DEVELOPMENT OF 4 PILLAR PROFILES WE REFER TO THEM AS PILLARS SINCE THEY CREATE THE BUILDING BLOCKS TO A BETTER LIFE THE PILLARS OF THE COMPASS NOW REPORT ARE HEALTH, INCOME, EDUCATION, AND COMMUNITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 5	EIGHT KEY STAKEHOLDER MEETINGS WERE HELD EACH COUNTY FOCUS GROUP TEAM IDENTIFIED KEY COMMUNITY LEADERS REPRESENTING A BROAD RANGE OF COMMUNITY INTERESTS TO PARTICIPATE IN THESE MEETINGS TWO-HUNDRED FORTY COMMUNITY LEADERS REPRESENTING BUISNESS, CLERGY, HEALTHCARE PROVIDERS AND STAFF, ELECTED OFFICIALS, LAW ENFORCEMENT, EDUCATION, SCHOOL COUNSELORS, UNITED WAY PARTNER AGENCIES, FARMERS, AND COUNTY OFFICIALS FROM THE FIVE COUNTY AREA ATTENDED THE KEY STAKEHOLDER MEETINGS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 6A	THE COMPASS NOW 2012 PARTNERSHIP IS MADE UP OF THE FOLLOWING HOSPITAL FACILITIES GUNDERSEN LUTHERAN Medical Center, MAYO CLINIC HEALTH SYSTEM, ST JOSEPH'S HEALTH SERVICES-GUNDERSEN LUTHERAN, TOMAH MEMORIAL HOSPITAL, TRI-COUNTY MEMORIAL, AND VERNON MEMORIAL HEALTHCARE PART V, SECTION B, 6B THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED WITH THE FOLLOWING OTHER ORGANIZATIONS GREAT RIVERS UNITED WAY LA CROSSE COUNTY HEALTH DEPARTMENT MONROE COUNTY HEALTH DEPARTMENT TREMPEALEAU COUNTY HEALTH DEPARTMENT VERNON COUNTY HEALTH DEPARTMENT HOUSTON COUNTY HEALTH DEPARTMENT LA CROSSE COMMUNITY FOUNDATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 7A	HTTP //WWW GUNDERSENHEALTH ORG/WELLNESS/COMMUNITY-SUPPORT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7B	HTTP //WWW GREATRIVERSUNITEDWAY ORG/OUR-COMMUNITY/ COMMUNITY-NEEDS-ASSESSMENT/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7D	THE DETAILED ASSESSMENT AND RELATED COMPONENTS ARE AVAILABLE VIA LINK ON WWW GUNDERSENHEALTH ORG, AVAILABLE ON REQUEST AND AVAILABLE FOR REVIEW AND LOAN AT THE MOONEY RESOURCE LIBRARY AT OUR LA CROSSE CAMPUS PART V, SECTION B, LINE 10A THE IMPLEMENTATION STRATEGY IS AVAILABLE VIA LINK ON WWW GUNDERSENHEALTH ORG/UPLOAD/DOCS/SERVICES/COMMUNITYPREVENTIVE/ COMMUNITY-HEALTH-IMPLEMENTATION-PLAN PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	IN JANUARY OF 2012, THE COMPASS NOW 2012 REPORT WAS RELEASED TO THE COMMUNITY REFER TO WWW COMPASSNOW ORG FOR DETAILS REGARDING LEADERSHIP AND PARTNERS, METHODOLOGY, DATA, OUTCOMES AND RESOURCE INVENTORY THE FINAL REPORT IS DIVIDED INTO 4 SECTIONS WITH 12 KEY ISSUES HEALTH ALCOHOL USE HEALTH CARE ACCESS AND COST MENTAL HEALTH OBESITY EDUCATION SCHOOL READINESS JOB SKILLS TRAINING INCOME LIMITED ECONOMIC DEVELOPMENT LOW LIVING WAGES UNEMPLOYMENT COMMUNITY TRANSPORTATION FOOD AVAILABILITY CHILDCARE It is important to note that while Gundersen Lutheran has a 19-county service area, 70 1% of all Gundersen Lutheran's 2009 inpatient and hospital outpatient encounters were from patients within the 5 counties (La Crosse, Monroe, Vernon, Trempealeau counties in Wisconsin, and Houston County in Minnesota) of the United Way's COMPASS Now study This plan reflects the work of the Gundersen Lutheran Health System, for which Gundersen Lutheran Medical Center (hospital) is a corporate member This is the Health Implementation plan for Gundersen Lutheran Medical Center We used the following process to develop this health improvement plan 1 Created selection criteria to determine areas of concern from the COMPASS Now report that we would address in our plan a Magnitude How widespread is this health-related issue in our community? (a COMPASS Now criteria) b Seriousness How serious are the effects of the health-related issue in our community? (a COMPASS Now criteria) c Impact How does this issue affect other health-related issue in our community? (a COMPASS Now criteria) d Feasibility Do we have the ability to reasonably impact the issue with available resources? e Consequences of inaction What is the risk by not addressing the issue early? f Current solutions What is the degree to which our actions will enhance current levels of interventions by others? 2 Inventoried the Gundersen Lutheran Health System for existing programs and processes whose intent was to address this identified need 3 Incorporated feedback from focus group meetings and survey comments from the COMPASS Now project into the formation of our Implementation plan 4 Determined areas for opportunity for new programming or partnerships that will impact areas not currently addressed 5 Formalized goals and activities that will directly impact those priorities 6 Identify the priorities for areas that we are not directly addressing, but that we will maintain active partnerships with and remain supportive of the lead organizations focused on these priorities For each, we describe our Health system's contributions and key partnerships Gundersen Lutheran implementation plan, including goals and objectives, have been established for the four key issues determined in the health category (alcohol use, health care access and cost, mental health and obesity) and one key issue in the community category, a topic affecting our neighborhoods that we feel could be directly related to overall health (food availability) The seven other key issues arrived at within the remaining categories will be addressed by our community partners We look at key partnerships to engage in that will ultimately lead to community health improvement

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 15E	MUST APPLY OR BE SCREENED FOR MEDICAID ELIGIBILITY BEFORE APPLYING FOR FINANCIAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 16A, 16B and 16C	The FAP, FAP application and plain language summary of the FAP were available on a website www gundersenhealth org/pay-your-bill/financial-assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 20E	GHS understands that certain patients may be non-responsive to GHS's application process Under these circumstances, GHS may utilize other sources of information to make an individual assessment of financial need This information will enable GHS to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absense of information provided directly by the patient GHS may utilize a third-party to conduct an electronic review of patient information to assess financial need his review utilizes a healthcare industry-recognized model that is based on public record databases This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for GHS financial assistance under the traditional application process The electronic technology, when utilized, will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted This allows GHS to screen all patients for financial assistance prior to pursuing any extraordinary collection actions The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy

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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

2014

Open to Public Inspection

Name of the organization
Gundersen Lutheran Medical CenterINC

Employer identification number
39-0813416

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC 1836 SOUTH AVENUE LA CROSSE,WI 54601	39-1249705	501(C)(3)	9,118,714				SUPPORT OF THE GLMF

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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) charity care	4162		16,114,587	BOOK	CHARITY CARE

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

Return Reference	Explanation
PART I, LINE 2	ASSISTANCE WAS MADE TO A RELATED ORGANIZATION THE FUNDS ARE MONITORED BY MANAGEMENT AND THE BOARD OF TRUSTEES AND BOARD OF GOVERNORS

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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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Gundersen Lutheran Medical CenterINC

Employer identification number
39-0813416

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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 in column(B) 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
Part I, Line 1A, 2 and 3	All personnel services for Gundersen Lutheran Medical Center, Inc are performed by employees of Gundersen Lutheran Administrative Service, Inc and all payments to vendors are made by Gundersen Lutheran Administrative services, Inc
Part I, Line 4A	Severance Payment Janice Dehaan - $90,333 Michael Meyers II - $100,000

Additional Data

Software ID:
Software Version:
EIN: 39-0813416
Name: Gundersen Lutheran Medical CenterINC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 Jeffrey Thompson MD, Chief Executive Officer, Board	(I)	0	0	0	0	0	0	0
	(II)	768,860		80,621	39,000	21,316	909,797	0
1 Stephen Shapiro MD, Board of Trustees/Governors	(I)	0	0	0	0	0	0	0
	(II)	435,260	4,000	360	39,000	24,750	503,370	0
2 Brian Sieck MD, BD of GOV - SEC/Treas/Trustee	(I)	0	0	0	0	0	0	0
	(II)	382,480		25,206	39,000	22,250	468,936	0
3 Greg Thompson MD, BD of Gov - MBR/CMO/Trustee	(I)	0	0	0	0	0	0	0
	(II)	406,928	10,000	3,794	39,000	19,566	479,288	0
4 Jonathan Zlabek MD, Board of Trustees/Governors	(I)	0	0	0	0	0	0	0
	(II)	277,860	6,500	3,218	39,000	21,316	347,894	0
5 Julio Bird MD, Board of Governors - Exec VP	(I)	0	0	0	0	0	0	0
	(II)	665,360		3,434	39,000	18,816	726,610	0
6 Sigurd Gundersen III MD, Board of Governors - Member	(I)	0	0	0	0	0	0	0
	(II)	362,360	2,500	3,794	39,000	18,816	426,470	0
7 P Michael Jacobs DPM, Board of Governors - Member	(I)	0	0	0	0	0	0	0
	(II)	276,324		2,828	39,000	21,316	339,468	0
8 Kelley Bahr MD, Board of Governors - Member	(I)	0	0	0	0	0	0	0
	(II)	295,500		2,985	34,510	54	333,049	0
9 Brian Mulrennan MD, Board of Governors - Member	(I)	0	0	0	0	0	0	0
	(II)	296,860	2,500	3,407	37,279	21,316	361,362	0
10 Mary Kuffel MD, Medical Vice President	(I)	0	0	0	0	0	0	0
	(II)	444,412		3,434	39,000	1,524	488,370	0
11 Michael Dolan MD, Medical Vice President	(I)	0	0	0	0	0	0	0
	(II)	471,775	2,500		38,173	24,000	536,448	0
12 Marilu Bintz MD, Medical Vice President	(I)	0	0	0	0	0	0	0
	(II)	522,004		3,794	39,000	9,096	573,894	0
13 Scott Rathgaber MD, Medical Vice President	(I)	0	0	0	0	0	0	0
	(II)	496,860		3,794	39,000	20,316	559,970	0
14 Mary Lu Gerke, Vice President	(I)	0	0	0	0	0	0	0
	(II)	204,004			30,750	11,116	245,870	0
15 Janice DeHaan, Vice President	(I)	0	0	0	0	0	0	0
	(II)	46,258		91,980	6,143	9,217	153,598	0
16 Kraig Schuster, Vice President	(I)	0	0	0	0	0	0	0
	(II)	137,383		36,833	26,611	19,496	220,323	0
17 Beth Smith-Houskamp, Vice President	(I)	0	0	0	0	0	0	0
	(II)	249,761	3,400	49,822	38,124	1,054	342,161	0
18 Bryan Erdmann, Vice President	(I)	0	0	0	0	0	0	0
	(II)	198,255		3,194	30,371	22,466	254,286	0
19 Kelly Barton, Vice President	(I)	0	0	0	0	0	0	0
	(II)	198,660		2,405	30,375	20,016	251,456	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Kathleen Klock, Senior Vice President	(I)	0	0	0	0	0	0	0
	(II)	401,500			39,000	2,554	443,054	0
1 Gerald Arndt, Senior Vice President	(I)	0	0	0	0	0	0	0
	(II)	393,412			39,000	4,940	437,352	0
2 Robert Trine, Senior Vice President	(I)	0	0	0	0	0	0	0
	(II)	124,453		27,313	2,381	6,272	160,419	0
3 Mark Platt, Senior Vice President	(I)	0	0	0	0	0	0	0
	(II)	347,360		3,434	39,000	18,816	408,610	0
4 Debra Rislow, Senior Vice President	(I)	0	0	0	0	0	0	0
	(II)	331,056		360	39,000	14,196	384,612	0
5 Michael Allen, Chief Financial Officer	(I)	0	0	0	0	0	0	0
	(II)	352,152		5,929	39,000	24,750	421,831	0
6 Mary Jafari, Senior Physicist	(I)	0	0	0	0	0	0	0
	(II)	216,593			32,763	14,196	263,552	0
7 John Wochos, Clinical Manager	(I)	0	0	0	0	0	0	0
	(II)	199,150		4,665	31,289	22,559	257,663	0
8 Alan Daus, Senior Physicist	(I)	0	0	0	0	0	0	0
	(II)	200,300		360	30,441	18,816	249,917	0
9 Michael Meyers II, Administrative Director	(I)	0	0	0	0	0	0	0
	(II)	66,234		129,572	1,916	533	198,255	0
10 Kimberly Schmidt, Senior Physicist	(I)	0	0	0	0	0	0	0
	(II)	174,348		360	27,073	18,696	220,477	0
11 Frank Aberger MD, Board of Governors - Member	(I)	0	0	0	0	0	0	0
	(II)	444,360		47,117	39,000	21,316	551,793	0
12 William Agger MD, Board of Governors - Member	(I)	0	0	0	0	0	0	0
	(II)	221,353		360	33,823	19,423	274,959	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Gundersen Lutheran Medical CenterINC	39-0813416

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part I, Line 1	
FORM 990, Part VI, Section A, Line 6	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THIS ORGANIZATION
FORM 990, Part VI Section A, Line 7A	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC
FORM 990, Part VI, Section A, Line 7B	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC THE PARENT CORPORATION AND SOLE MEMBER OF THE CORPO RATION, SHALL HAVE THE POWER TO RECOMMEND AND REVIEW, AS APPROPRIATE, AND APPROVE CERTAIN MATTERS ARTICLES OF INCORPORATION MAY BE AMENDED BY VOTE OF THE SOLE MEMBER OF THE CORPOR ATION
FORM 990, Part VI, Section B, Line 11B	THE FORM 990 WILL BE AVAILABLE FOR ALL BOARD MEMBERS THROUGH THE DIRECTOR'S DESK WEBSITE a nd THE GUNDERSEN LUTHERAN HEALTH SYSTEM FINANCE COMMITTEE RECEIVES A COPY OF THE 990 BEFOR E FILING AND UPON FURTHER REVIEW FROM THE Interim CFO THE 990S ARE APPROVED AND FILED
FORM 990, Part VI, Section B, Line 12C	GUNDERSEN LUTHERAN MEDICAL CENTER, INC MONITORS CONFLICTS ON AN ANNUAL BASIS BY REVIEWING DISCLOSURES ON COMPLETED CONFLICT OF INTEREST STATEMENTS
FORM 990, Part VI, Line 15A	ALL PERSONNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL CENTER, INC ARE PERFORMED BY EMPLOY EES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC THE COMPENSATION OF THE CEO IS DET ERMINIED 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 ORGANIZA TIONS AND CEO PERFORMANCE. MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE SUCH D ISCUSSIONS TAKE PLACE. RECOMMENDATIONS FOR COMPENSATION FOR THE ORGANIZATIONS' KEY MANAGEM ENT EMPLOYEES ARE DEVELOPED ANNUALLY BY THE CEO, AFTER A REVIEW OF PERFORMANCE AND COMPARA BLE MARKET DATA THE PROPOSED SALARIES ARE INDEPENDENTLY REVIWED BY AN OUTSIDE AUDITING FI RM THE COMPENSATION RECOMMENDATIONS, AUDIT REPORTS, ALONG WITH THE MARKET DATA, ARE PRESE NTED TO A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES THE COMPENS ATION AMOUNTS ARE NOT EFFECTIVE UNTIL THE BOARD COMMITTEE APPROVES THEM MEETING MINUTES A RE TAKEN AND KEPT AT THE MEETINGS WHERE THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE KEY EMPLOYEES
FORM 990, Part VI, Section C, Line 19	REQUESTS FOR ALL DOCUMENTS ARE MADE THROUGH THE LEGAL DEPARTMENT AND THE APPROPRIATE DOCUM ENTS ARE MADE AVAILABLE FOR INSPECTION IN THE LEGAL DEPARTMENT
FORM 990, Part VII, Section A, Line 1	ALL PERSONNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL CENTER, INC ARE PERFORMED BY EMPLOY EES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES,INC
FORM 990, Part VII, Section B, Line 1	ALL PAYMENTS TO VENDORS ARE MADE BY GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES,INC
FORM 990, Part XII, Line 2C	THE PROCESS ALLOWS THE AUDIT COMMITTEE OF GUNDERSEN LUTHERAN HEALTH SYSTEM, INC TO INDEPE NDENTLY COMMUNICATE WITH THE EXTERNAL AUDIT FIRM THROUGHOUT THE YEAR, BUT FORMAL COMMUNICA TION OCCURS BEFORE THE ENGAGEMENT AND UPON CONCLUSION THE AUDIT COMMITTEE MEETS WITH THE AUDIT FIRM FOR PRESENTATION OF THE STATEMENTS THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 990 PART IX LINE 11G	DESCRIPTION Purchased Health Services TOTAL FEES 83741098
FORM 990 PART IX LINE 11G	DESCRIPTION Purchased Program Services TOTAL FEES 10111716
FORM 990 PART IX LINE 11G	DESCRIPTION Consulting TOTAL FEES 522262

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Gundersen Lutheran Medical CenterINC

Employer identification number
39-0813416

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	0 %		No
(2) GUNDERSEN LUTHERAN ENVISION LLC 1836 SOUTH AVENUE LA CROSSE, WI 54601 26-4706546	renew energy	WI	GLHS	C CORP	0	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		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
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	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GUNDERSEN HEALTH PLAN INC	p	92,247,925	FAIR VALUE
(2) GUNDERSEN HEALTH PLAN MN INC	p	1,565,748	FAIR VALUE

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: 39-0813416
Name: Gundersen Lutheran Medical CenterINC

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	(g) 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 HEALTH PLAN INC 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1807071	HEALTH INS	WI	501(C)(4)		GLHS		No
(2) GUNDERSEN CLINIC LTD 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1028657	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(3) GUNDERSEN LUTHERAN MEDICAL FNDTN INC 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1249705	FOUNDATION	WI	501(C)(3)	LINE 7	GLHS		No
(4) 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
(5) GUNDERSEN LUTHERAN CREDENTIALING SVS INC 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1856898	CREDENTIALING	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) TRI-STATE REGIONAL AMBULANCE INC 235 CAUSEWAY BLVD LA CROSSE, WI 54603 39-1962965	MDCL TRANSPO	WI	501(C)(3)	LINE 9	GLHS		No
(8) STJOSEPH'S HEALTH SERVICES INC 400 WATER AVENUE HILLSBORO, WI 54634 39-0929538	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(9) ST JOSEPH MEMORIAL FOUNDATION INC 400 WATER STREET HILLSBORO, WI 54634 39-1455787	FOUNDATION	WI	501(C)(3)	LINE 11A, I	S JOSEPH HS		No
(10) TRI-COUNTY MEMORIAL FOUNDATION INC 18601 LINCOLN STREET WHITEHALL, WI 54773 30-0093022	FOUNDATION	WI	501(C)(3)	LINE 11A, I	TRI-COUNTY		No
(11) GUNDERSEN LUTHERAN EXPRESS CARE INC 1836 SOUTH AVE LA CROSSE, WI 54601 90-0102388	HEALTH CARE	WI	501(C)(3)	LINE 11	GLHS		No
(12) GUNDERSEN HEALTH PLAN MN INC 1900 SOUTH AVE LA CROSSE, WI 54601 45-2633920	HEALTH INS	MN	501(C)(4)		GLHP		No
(13) MEMORIAL HOSPITAL OF BOSCOBEL 205 PARKER STREET BOSCOBEL, WI 53805 39-0845590	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(14) MEMORIAL HOPSITAL OF BOSCOBEL FOUNDATION 205 PARKER STREET BOSCOBEL, WI 53805 39-1688793	FUNDRAISING	WI	501(C)(3)	LINE 7	NA		No
(15) BOSCOBEL AREA HEALTH CARE PARTNERS 205 PARKER STREET BOSCOBEL, WI 53805 45-0498844	FUNDRAISING	WI	501(C)(3)	LINE 7	NA		No
(16) HARMONY COMMUNITY HEALTHCARE INC 815 MAIN AVENUE S HARMONY, MN 55939 41-0711606	HEALTH CARE	MN	501(C)(3)	LINE 9	GLHS		No
(17) 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
(18) TRI-STATE AMBULANCE INC 235 CAUSEWAY BLVD LA CROSSE, WI 54603 39-1965415	MDCL TRANSPO	WI	501(C)(3)	LINE 3	GLHS		No
(19) LUTHERAN REAL ESTATE HOLDING CORPORATION 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1480826	HOUSING	WI	501(C)(3)	LN 11C, III	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	(g) Section 512(b)(13) controlled entity? No
(21) LUTHERAN HOUSING OF LA CROSSE INC 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1751934	INDP LIVING	WI	501(C)(3)	LINE 9	LRHC		No
(1) COMMUNITY HOUSING OF LA CROSSE INC 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1586700	INDP LIVING	WI	501(C)(3)	LINE 9	LRHC		No
(2) OPTIONS IN REPRODUCTIVE CARE INC 1201 CALEDONIA STREET LA CROSSE, WI 54603 39-1166634	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No