



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



For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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 \$ 729,235,139 including grants of \$ 15,949,000) (Revenue \$ 684,153,839)
See Additional Data

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 ▶ 729,235,139

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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	552
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9,305
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
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	13	
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	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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 1910 SOUTH AVENUE NCA1-01 LA CROSSE, WI 54601 (608) 775-9487

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

[illegible]

[illegible]

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 ▶ 826

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
GUNDERSEN LUTHERAN MEDICAL CENTER, 1910 SOUTH AVENUE LA CROSSE, WI 54601	SERVICES/SUPPLIES	396,687,528
FOWLER AND HAMMER INC, 313 MONITOR STREET LA CROSSE, WI 54603	BUILDING CONTRACTOR	9,212,481
MARKET JOHNSON, 2350 GALLOWAY STREET EAU CLAIRE, WI 54703	BUILDING CONTRACTOR	4,811,567
EPIC SYSTEM CORPORATION, BOX 88314 MILWAUKEE, WI 532880314	SOFTWARE CONSULTANTS	3,967,412
FORSYTHE SOLUTIONS GROUP INC, PO BOX 772951 CHICAGO, IL 606770251	SOFTWARE CONSULTANTS	2,939,065

Form **990** (2016)

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	84,728			
	e Government grants (contributions)	1e	380,190			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,801			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		495,719			
Program Service Revenue			Business Code			
	2a Service Provided to Gundersen		561000	684,153,839	684,153,839	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		684,153,839				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		42,699,943		281,524	42,418,419
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		842,081				
	b Less rental expenses	518,015				
	c Rental income or (loss)	324,066 0				
	d Net rental income or (loss)		324,066			324,066
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			500			
	b Less cost or other basis and sales expenses		788			
	c Gain or (loss)		-288			
	d Net gain or (loss)		-288			-288
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions		727,673,279	684,153,839	281,524	42,742,197	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	15,949,000	15,949,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	5,316,462	1,256,021	4,060,441	
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.	467,076,401	462,877,241	4,199,160	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	55,897,795	55,094,776	803,019	
9 Other employee benefits.	68,468,492	67,413,164	1,055,328	
10 Payroll taxes.	28,381,683	28,000,259	381,424	
11 Fees for services (non-employees).				
a Management.	0			
b Legal.	1,039,884	104,903	934,981	
c Accounting.	617,051	617,051		
d Lobbying.	195,808	195,808		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	1,322,284	1,322,284		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,544,153	11,774,277	769,876	
12 Advertising and promotion.	770,790	770,790		
13 Office expenses.	9,611,993	9,560,821	51,172	
14 Information technology.	18,860,493	18,860,493		
15 Royalties.	0			
16 Occupancy.	7,721,909	7,694,308	27,601	
17 Travel.	870,776	781,225	89,551	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	17,284,980	17,284,980		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	21,023,606	21,020,972	2,634	
23 Insurance.	605,088	605,088		
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 MISCELLANEOUS	3,646,931	2,945,728	701,203	0
b EMPLOYEE DEV & TRAINING	2,611,473	2,574,203	37,270	
c DUES/MEMBERSHIPS/LICENSE	1,978,083	1,059,990	918,093	
d BAD DEBTS/COLLECTIONS	1,471,757	1,471,757		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	743,266,892	729,235,139	14,031,753	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	24,257,146	1	23,075,625
	2 Savings and temporary cash investments	137,611,438	2	163,842,398
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	9,412	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	17,371,122	7	12,793,388
	8 Inventories for sale or use	5,223,286	8	5,565,022
	9 Prepaid expenses and deferred charges	13,274,353	9	13,045,330
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	207,725,853		
	b Less: accumulated depreciation	130,589,384		
		77,444,251	10c	77,136,469
	11 Investments—publicly traded securities	508,586,899	11	549,669,343
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	12,595,944	15	15,414,674	
16 Total assets. Add lines 1 through 15 (must equal line 34)	796,373,851	16	860,542,249	
Liabilities	17 Accounts payable and accrued expenses	128,791,893	17	134,100,863
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	398,775,000	20	390,265,000
	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	270,165,833	25	353,128,874
	26 Total liabilities. Add lines 17 through 25	797,732,726	26	877,494,737
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	-1,358,875	27	-16,952,488
	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	-1,358,875	33	-16,952,488
	34 Total liabilities and net assets/fund balances	796,373,851	34	860,542,249

Part XI Reconciliation of Net AssetsCheck 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	727,673,279
2	Total expenses (must equal Part IX, column (A), line 25)	2	743,266,892
3	Revenue less expenses Subtract line 2 from line 1	3	-15,593,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,358,875
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	-16,952,488

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 39-1606449
Name: Gundersen Lutheran Administrative
Services Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

GENERAL SERVICES PROVIDED TO GUNDERSEN CLINIC, LTD , GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC , GUNDERSEN LUTHERAN MEDICAL CENTER, INC AND OTHER AFFILIATES ADMINISTRATIVE, INFORMATION SYSTEMS, BILLING AND CODING, LAUNDRY, MEDICAL RECORDS, HUMAN RESOURCES, FINANCE, FACILITY OPERATIONS, CENTRAL SERVICES AND OTHER MISCELLANEOUS SERVICES

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			
Scott Rathgaber MD Chief Executive Officer	42 0 6 0	X		X				849,051	0	65,310
Greg Prairie Board of Trustees - Member	2 0 4 0	X						0	0	0
Wendy Lommen Board of Trustees - Treasurer	2 0 4 0	X		X				0	0	0
John Lyche Board of Trustees - Secretary	2 0 6 0	X		X				0	0	0
Gerald Arndt Board of Trustees - Member	2 0 7 0	X						0	0	0
Gerald Kember Board of Trustees - Member	2 0 6 0	X						0	0	0
Mark Glendenning Board of Trustees - Vice Chair	2 0 4 0	X		X				0	0	0
Brad Sturm Board of Trustees-Board Chair	2 0 4 0	X		X				0	0	0
Stephen Shapiro MD Board of Trustees - Member	42 0 9 0	X						447,769	0	65,810
Brian Sieck MD Board of Trustees - Member	42 0 6 0	X						396,779	0	65,860

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			
Kelley Bahr MD Board of Trustees - Member	42 0 6 0	X						359,195	0	36,250
Jonathan Zlabek MD Board of Trustees - Member	42 0 6 0	X						308,089	0	55,210
Greg Thompson MD BOT - Member, CMO	42 0 8 0	X		X				434,435	0	64,498
Elizabeth Smith-Houskamp Vice President, Admin COO	42 0 6 0			X				379,352	0	39,750
Michael Dolan MD Exec VP, Medical COO	42 0 8 0			X				594,071	0	63,310
Debra Rislow SVP, Admin COO	42 0 10 0			X				389,872	0	37,105
Rose Ann-Laureto Chief Information Officer	42 0 6 0			X				198,283	0	25,619
Dara Bartels Chief Financial Officer	42 0 9 0			X				333,933	0	63,310
P Michael Jacobs DPM Medical Vice President	40 0 2 0				X			359,451	0	65,810
Mary Kuffel MD Medical Vice President	40 0 0 0				X			466,107	0	41,014

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					
Stephanie Carroll MD Medical Vice President	40 0 0 0				X			304,757	0	54,874		
Todd Kowalski MD Medical Vice President	40 0 2 0				X			316,508	0	58,976		
Lisa Wied Vice President	40 0 0 0				X			126,327	0	18,488		
Mike McKee Vice President	40 0 0 0				X			140,364	0	47,961		
Kraig Schuster Vice President	40 0 0 0				X			200,944	0	53,829		
Bryan Erdmann Vice President	40 0 2 0				X			233,187	0	61,495		
Kelly Barton Vice President	40 0 2 0				X			122,845	0	6,729		
Marilu Bintz MD Senior Vice President, Med VP	40 0 1 0				X			577,390	0	49,852		
Kathleen Klock Senior Vice President	40 0 1 3				X			427,120	0	39,750		
Mark Platt Senior Vice President	40 0 2 5				X			378,178	0	63,310		

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			
Julio Bird MD Medical Doctor	40 0 2 0					X		742,364	0	63,310
Sampoornima Setty MD Medical Doctor	40 0 0 0					X		529,129	0	63,310
Jeanne Johnson MD Medical Doctor	40 0 0 0					X		437,965	0	19,433
Michael Case MD Medical Doctor	40 0 0 0					X		435,151	0	63,634
Matthew Sdano MD Medical Doctor	40 0 0 0					X		416,101	0	63,310
Mary Lu Gerke Former Vice President	40 0 0 0						X	198,836	0	39,102
Jeffrey Thompson MD FORMER CEO	40 0 0 0						X	247,444	0	63,560

SCHEDULE A (Form 990 or 990EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Gundersen Lutheran Administrative Services Inc		Employer identification number 39-1606449

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☒ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 16
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	16					

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	Yes	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		No
11b		No
11c		No

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? <i>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.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
1	Yes	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
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? <i>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.</i>			
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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
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)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part I, Line 12g	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES IS AN INTEGRAL PART OF THE GUNDERSEN LUTHERAN HEALTH SYSTEM AND PROVIDES SUPPORT TO EACH OF THE ORGANIZATIONS LISTED, HOWEVER, SUCH SERVICES CANNOT EASILY BE QUANTIFIED IN DOLLAR-BASED TERMS

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1	THE ARTICLES OF INCORPORATION OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC (GLAS) PROVIDE THAT IT SHALL SUPPORT, OPERATE FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, AND CARRY OUT SOME OR ALL OF THE CHARITABLE PURPOSES OF GUNDERSEN LUTHERAN, INC , GUNDERSEN CLINIC, LTD , GUNDERSEN LUTHERAN MEDICAL CENTER, INC AND THEIR NONPROFIT AFFILIATES (HEREAFTER REFERRED TO AS THE GUNDERSEN LUTHERAN HEALTH SYSTEM) SO LONG AS THOSE ORGANIZATIONS ARE DESCRIBED IN SECTION 509(A)(1) OR 509(A)(2) OF THE INTERNAL REVENUE CODE, AND OTHER SECTION 501(C)(3) ORGANIZATIONS DESCRIBED IN SECTION 509(A)(1) OR 509(A)(2) OF THE INTERNAL REVENUE CODE WHICH ARE AFFILIATED WITH ANY OF THE AFORESAID ORGANIZATIONS GLAS SUPPORTS THE THREE NAMED ENTITIES, ALL OF WHICH HAVE BEEN RECOGNIZED AS EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND HAVE BEEN CLASSIFIED AS PUBLIC CHARITIES UNDER IRC SECTION 509(A)(1) OR (2) FURTHER, PURSUANT TO THEIR BY-LAWS, THE GOVERNING BODY OF GUNDERSEN LUTHERAN HEALTH SYSTEM, INC (FORMALLY GUNDERSEN LUTHERAN, INC) SERVES AS THE GOVERNING BODY OF GLAS, AS WELL AS GUNDERSEN CLINIC, LTD, AND GUNDERSEN LUTHERAN MEDICAL CENTER, INC THUS, GLAS MEETS THE RELATIONSHIP TEST AS A TYPE II ORGANIZATION BECAUSE THERE IS COMMON SUPERVISION AND CONTROL BETWEEN GLAS AND ITS NAMED SUPPORTED ORGANIZATIONS (TREAS REGS SECTION 1 509(A)-4(H)) GLAS ALSO SUPPORTS ORGANIZATIONS DESCRIBED IN IRC SECTION 509(A)(1) AND (2) WHICH ARE AFFILIATED WITH THE SUPPORTED ORGANIZATIONS OR ARE 501(C)(3) PUBLIC CHARITIES AFFILIATED WITH THESE AFFILIATED ENTITIES THEY ARE DESCRIBED BY CLASS TO QUALIFY AS A SECTION 509(A)(3) SUPPORTING ORGANIZATION, AN ORGANIZATION MUST SUPPORT ONE OR MORE SPECIFIED ORGANIZATIONS FOR TYPE II SUPPORTING ORGANIZATIONS, SPECIFIED ORGANIZATIONS CAN BE EITHER SPECIFIED BY NAME IN THE SUPPORTING ORGANIZATION'S ARTICLES OF INCORPORATION, OR THE ARTICLES MUST DESIGNATE THE SUPPORTED ORGANIZATION(S) BY CLASS OR PURPOSE AND WHICH INCLUDE PUBLICLY SUPPORTED ORGANIZATIONS WHICH ARE CLOSELY RELATED IN PURPOSE OR FUNCTION TO THE PUBLICLY SUPPORTED ORGANIZATIONS SPECIFIED IN THE ARTICLES (TREAS REGS SECTION 1 509(A)-4(D)(2)(B)(2) THEREFORE, THE LACK OF INCLUDING THE NAME OF THE AFFILIATED ORGANIZATIONS THAT GLAS WILL SUPPORT IN ITS ARTICLES OF INCORPORATION DOES NOT OTHERWISE DEFEAT GLAS'S STATUS AS A TYPE II SUPPORTING ORGANIZATION, BECAUSE ITS ARTICLES DESCRIBE THESE SUPPORTED ORGANIZATIONS BY CLASS (AFFILIATED WITH THE SPECIFIED SUPPORTED ORGANIZATION) AND REQUIRE THAT THEY BE EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3) AND DESCRIBED IN IRC SECTION 509(A)(1) OR (2))

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6	GENERAL SERVICES PROVIDED TO GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC AND OTHER AFFILIATES ADMINISTRATIVE, INFORMATION SYSTEMS, BILLING AND CODING, LAUNDRY, MEDICAL RECORDS, HUMAN RESOURCES, FINANCE, FACILITY OPERATIONS, CENTRAL SERVICES AND OTHER MISCELLANEOUS SERVICES



Additional Data

Software ID:

Software Version:

EIN: 39-1606449

Name: Gundersen Lutheran Administrative Services Inc

Form 990, Sch A, Part I, Line 12g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BOSCOBEL AREA HEALTHCARE PARTNERS	450498844	7		No	0	0
(A) BOSCOBEL AREA HEALTHCARE PARTNERS	450498844	7		No	0	0
(A) COMMUNITY HOUSING OF LA CROSSE INC	391586700	10		No	0	0
(A) COMMUNITY HOUSING OF LA CROSSE INC	391586700	10		No	0	0
(B) GUNDERSEN CLINIC LTD	391028657	3	Yes		0	0
(B) GUNDERSEN CLINIC LTD	391028657	3	Yes		0	0
(C) GUNDERSEN LUTHERAN MEDICAL CENTER INC	390813416	3	Yes		0	0
(C) GUNDERSEN LUTHERAN MEDICAL CENTER INC	390813416	3	Yes		0	0
(D) GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC	391249705	7		No	0	0
(D) GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC	391249705	7		No	0	0
(E) HARMONY COMMUNITY HEALTH CARE	410711606	10		No	0	0
(E) HARMONY COMMUNITY HEALTH CARE	410711606	10		No	0	0
(F) LUTHERAN HOUSING OF LA CROSSE INC	391751934	10		No	0	0
(F) LUTHERAN HOUSING OF LA CROSSE INC	391751934	10		No	0	0
(G) MEMORIAL HOSPITAL OF BOSCOBEL	390845590	3		No	0	0
(G) MEMORIAL HOSPITAL OF BOSCOBEL	390845590	3		No	0	0
(H) MEMORIAL HOSPITAL OF BOSCOBEL FOUNDATION INC	391688793	7		No	0	0
(H) MEMORIAL HOSPITAL OF BOSCOBEL FOUNDATION INC	391688793	7		No	0	0
(I) PALMER LUTHERAN HEALTH CENTER INC	421320763	3		No	0	0
(I) PALMER LUTHERAN HEALTH CENTER INC	421320763	3		No	0	0
(J) ST JOSEPH HEALTH SERVICES INC	390929538	3		No	0	0
(J) ST JOSEPH HEALTH SERVICES INC	390929538	3		No	0	0
(K) TRI-COUNTY MEMORIAL HOSPITAL INC	390704510	3		No	0	0
(K) TRI-COUNTY MEMORIAL HOSPITAL INC	390704510	3		No	0	0
(L) TRI-STATE AMBULANCE INC	391965415	3		No	0	0
(L) TRI-STATE AMBULANCE INC	391965415	3		No	0	0
(M) TRI-STATE REGIONAL AMBULANCE INC	391962965	10		No	0	0
(M) TRI-STATE REGIONAL AMBULANCE INC	391962965	10		No	0	0
(N) TWEETEN LUTHERAN HEALTHCARE CENTER INC	411565003	10		No	0	0
(N) TWEETEN LUTHERAN HEALTHCARE CENTER INC	411565003	10		No	0	0

Form 990, Sch A, Part I, Line 12g - 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) Palmer Memorial Foundation	421032878	7		No	0	0
(P) Palmer Memorial Foundation	421032878	7		No	0	0

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	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.	2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

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

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

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

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

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

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

Name of the organization Gundersen Lutheran Administrative Services Inc	Employer identification number 39-1606449
---	---

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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
1b Total lobbying expenditures to influence a legislative body (direct lobbying)		195,808	219,895												
c Total lobbying expenditures (add lines 1a and 1b)		195,808	219,895												
d Other exempt purpose expenditures		743,071,084	1,847,029,847												
e Total exempt purpose expenditures (add lines 1c and 1d)		743,266,892	1,847,249,742												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	1,000,000												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	243,735	281,562	271,755	219,895	1,016,947
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					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	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
------------------	-------------

TY 2016 Affiliated Group Schedule

Name: Gundersen Lutheran Administrative
Services Inc
EIN: 39-1606449

Affiliated Group Business Name:	GUNDERSEN LUTHERAN ADMINISTR
Address. Either US or Foreign Type:	1910 S AVE LA CROSSE, WI 54601
EIN:	39-1606449
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	195,808
Total Lobbying Expenditures:	195,808
Other Exempt Purpose Expenditures:	743,071,084
Total Exempt Purpose Expenditures:	743,266,892
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	GUNDERSEN CLINIC
Address. Either US or Foreign Type:	1836 S AVE LA CROSSE, WI 54601
EIN:	39-1028657
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	24,087
Total Lobbying Expenditures:	24,087
Other Exempt Purpose Expenditures:	179,120,731
Total Exempt Purpose Expenditures:	179,144,818
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	GUNDERSEN LUTHERAN MEDICAL C		
Address. Either US or Foreign Type:	1910 S AVE LA CROSSE, WI 54601		
EIN:	39-0813416		
Electing Organization Checkbox:	☐		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		908,889,032	
Total Exempt Purpose Expenditures:		908,889,032	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0
Affiliated Group Business Name:	GUNDERSEN LUTERAN HEALTH SYS		
Address. Either US or Foreign Type:	1836 SOUTH AVE LA CROSSE, WI 54601		
EIN:	39-1866425		
Electing Organization Checkbox:	☐		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		15,949,000	
Total Exempt Purpose Expenditures:		15,949,000	
Lobbying Nontaxable Amount:		947,450	
Grassroots Nontaxable Amount:		236,863	
Tot Lobbying Grassroot Minus Non Tx:			0
Tot Lobby Expend Mns Lobbying Non Tx:			0
Share Of Excess Lobbying:			0

Affiliated Group Business Name:	GUNDERSEN LUTHERAN ADMINISTRATIVE
Address. Either US or Foreign Type:	1910 S AVE LA CROSSE, WI 54601
EIN:	39-1606449
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	195,808
Total Lobbying Expenditures:	195,808
Other Exempt Purpose Expenditures:	743,071,084
Total Exempt Purpose Expenditures:	743,266,892
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	GUNDERSEN CLINIC
Address. Either US or Foreign Type:	1836 S AVE LA CROSSE, WI 54601
EIN:	39-1028657
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	24,087
Total Lobbying Expenditures:	24,087
Other Exempt Purpose Expenditures:	179,120,731
Total Exempt Purpose Expenditures:	179,144,818
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	GUNDERSEN LUTHERAN MEDICAL CENTER
Address. Either US or Foreign Type:	1910 S AVE LA CROSSE, WI 54601
EIN:	39-0813416
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	908,889,032
Total Exempt Purpose Expenditures:	908,889,032
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	GUNDERSEN LUTERAN HEALTH SYSTEM
Address. Either US or Foreign Type:	1836 SOUTH AVE LA CROSSE, WI 54601
EIN:	39-1866425
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	15,949,000
Total Exempt Purpose Expenditures:	15,949,000
Lobbying Nontaxable Amount:	947,450
Grassroots Nontaxable Amount:	236,863
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318117227											
SCHEDULE D (Form 990)		Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047 2016 Open to Public Inspection										
Department of the Treasury Internal Revenue Service		Name of the organization Gundersen Lutheran Administrative Services Inc			Employer identification number 39-1606449										
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.															
		(a) Donor advised funds		(b) Funds and other accounts											
1	Total number at end of year														
2	Aggregate value of contributions to (during year)														
3	Aggregate value of grants from (during year)														
4	Aggregate value at end of year														
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				☐ Yes ☐ No										
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				☐ Yes ☐ No										
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.															
1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space														
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year														
a	Total number of conservation easements	<table><tr><td colspan="2">Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				Held at the End of the Year		2a		2b		2c		2d	
Held at the End of the Year															
2a															
2b															
2c															
2d															
b	Total acreage restricted by conservation easements														
c	Number of conservation easements on a certified historic structure included in (a)														
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register														
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶														
4	Number of states where property subject to conservation easement is located ▶														
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No										
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶														
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$														
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No										
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements														
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.															
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items														
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items														
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$													
(ii) Assets included in Form 990, Part X		▶ \$													
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items														
a	Revenue included on Form 990, Part VIII, line 1	▶ \$													
b	Assets included in Form 990, Part X	▶ \$													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.															
		Cat No 52283D		Schedule D (Form 990) 2016											

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,767,152		2,767,152
b Buildings		41,924,607	12,062,596	29,862,011
c Leasehold improvements		3,817,958	1,264,612	2,553,346
d Equipment		159,216,136	117,262,176	41,953,960
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				77,136,469

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INTERCOMPANY PAYABLE	314,054,042
LOSS ON SWAP CONTRACTS	29,388,102
LT CIMP LIABILITY	3,965,585
LEASE CONTRACT PAYABLE	3,279,825
TEB PREM/(DISC) CURRENT AND LT	1,928,381
DEFERRED COMPENSATION	506,772
DEFERRED REVENUE	6,167
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	353,128,874

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
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' on 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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 39-1606449

Name: Gundersen Lutheran Administrative
Services Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	Income Tax Matters (dollars in thousands) The System qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (the Code), with the exception of Gundersen Health Plan, Inc and Gundersen Health Plan Minnesota, Inc , which are tax-exempt organizations under 501(c)(4) of the Code, and Degen Berglund, Inc and Gundersen Lutheran Envision, LLC, which are for-profit entities At December 31, 2016 and 2015, net deferred tax assets of \$3,493 and \$3,083 , respectively, which primarily are related to net operating loss carryforwards, have valuation allowances of \$2,766 and \$2,205, respectively, recorded against them due to the uncertainty of realizing those benefits in the future At December 31, 2016, the System's federal net operating loss carryforwards were approximately \$27,109, and the state net operating loss carryforwards were approximately \$22,902, which will expire between 2025 and 2034 The System has reviewed its tax positions for all open years and has concluded that no liabilities exist for uncertain tax positions The System's income tax returns are no longer subject to examination for 2012 and prior years

Schedule I
(Form 990)

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

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

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

OMB No 1545-0047

2016

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Gundersen Lutheran Administrative
Services Inc

Employer identification number
39-1606449

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GUNDERSEN LUTHERAN HEALTH SYSTEM INC 1836 SOUTH AVENUE LA CROSSE, WI 54601	39-1866425	501(C)(3)	15,949,000				GENERAL SUPPORT

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" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2	THE FUNDS ARE MONITORED BY MANAGEMENT AND THE BOARD OF TRUSTEES

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" on 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

2015

Open to Public Inspection

Name of the organization
Gundersen Lutheran Administrative Services Inc

Employer identification number
39-1606449

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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		
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?		
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on 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		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 4a	2016 severance Payments Jeanne Johnson, M D \$189,519 Debra Rislw \$230,500

Additional Data

Software ID:

Software Version:

EIN: 39-1606449

Name: Gundersen Lutheran Administrative Services Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Scott Rathgaber MD Chief Executive Officer	(i)	794,496	50,000	4,555	39,750	25,614	914,415	0
	(ii)	0	0	0	0	0	0	0
2Stephen Shapiro MD Board of Trustees - Member	(i)	442,396	5,000	373	39,750	30,296	517,815	0
	(ii)	0	0	0	0	0	0	0
2Bnan Sieck MD Board of Trustees - Member	(i)	391,446	5,000	333	39,750	30,346	466,875	0
	(ii)	0	0	0	0	0	0	0
3Kelley Bahr MD Board of Trustees - Member	(i)	355,000	0	4,195	36,250	54	395,499	0
	(ii)	0	0	0	0	0	0	0
4Jonathan Zlabek MD Board of Trustees - Member	(i)	296,496	7,500	4,093	29,150	26,114	363,353	0
	(ii)	0	0	0	0	0	0	0
5Greg Thompson MD BOT - Member, CMO	(i)	429,880	0	4,555	39,938	24,614	498,987	0
	(ii)	0	0	0	0	0	0	0
6P Michael Jacobs DPM Medical Vice President	(i)	348,996	3,000	7,455	39,750	26,114	425,315	0
	(ii)	0	0	0	0	0	0	0
7Mary Kuffel MD Medical Vice President	(i)	461,912	0	4,195	39,750	1,318	507,175	0
	(ii)	0	0	0	0	0	0	0
8Stephanie Carroll MD Medical Vice President	(i)	297,744	7,000	13	39,750	18,868	363,375	0
	(ii)	0	0	0	0	0	0	0
9Todd Kowalski MD Medical Vice President	(i)	308,995	7,500	13	33,916	28,915	379,339	0
	(ii)	0	0	0	0	0	0	0
10Lisa WiedVice President	(i)	117,528	0	8,799	18,488	54	144,869	0
	(ii)	0	0	0	0	0	0	0
11Mike McKeeVice President	(i)	116,812	0	23,552	21,901	26,961	189,226	0
	(ii)	0	0	0	0	0	0	0
12Kraig Schuster Vice President	(i)	200,584	0	360	30,033	26,372	257,349	0
	(ii)	0	0	0	0	0	0	0
13Elizabeth Smith-Houskamp Vice President, Admin COO	(i)	365,917	0	13,435	39,750	54	419,156	0
	(ii)	0	0	0	0	0	0	0
14Bryan Erdmann Vice President	(i)	231,686	0	1,501	35,625	28,845	297,657	0
	(ii)	0	0	0	0	0	0	0
15Kelly BartonVice President	(i)	121,266	0	1,579	4,908	1,850	129,603	0
	(ii)	0	0	0	0	0	0	0
16Michael Dolan MD Exec VP, Medical COO	(i)	589,058	5,000	13	39,750	27,796	661,617	0
	(ii)	0	0	0	0	0	0	0
17Manlu Bintz MD Senior Vice President, Med VP	(i)	572,848	0	4,542	39,750	10,156	627,296	0
	(ii)	0	0	0	0	0	0	0
18Kathleen Klock Senior Vice President	(i)	427,000	0	120	39,750	4,236	471,106	0
	(ii)	0	0	0	0	0	0	0
19Mark Platt Senior Vice President	(i)	373,996	0	4,182	39,750	23,614	441,542	0
	(ii)	0	0	0	0	0	0	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Debra Rislow SVP, Admin COO	(i)	158,366	0	231,506	23,925	14,945	428,742	0
	(ii)	0	0	0	0	- 0	- 0	0
1Rose Ann-Laureto Chief Information Officer	(i)	197,938	0	345	21,827	5,906	226,016	0
	(ii)	0	0	0	0	- 0	- 0	0
2Dara Bartels Chief Financial Officer	(i)	305,237	25,010	3,686	39,750	23,614	397,297	0
	(ii)	0	0	0	0	- 0	- 0	0
3Mary Lu Gerke Former Vice President	(i)	198,836	0	0	30,000	11,616	240,452	0
	(ii)	0	0	0	0	- 0	- 0	0
4Jeffrey Thompson MD FORMER CEO	(i)	243,996	0	3,448	37,500	26,114	311,058	0
	(ii)	0	0	0	0	- 0	- 0	0
5Julio Bird MDMedical Doctor	(i)	679,496	0	62,868	39,750	23,596	805,710	0
	(ii)	0	0	0	0	- 0	- 0	0
6Sampoomima Setty MD Medical Doctor	(i)	526,496	2,500	133	39,750	27,796	596,675	0
	(ii)	0	0	0	0	- 0	- 0	0
7Jeanne Johnson MD Medical Doctor	(i)	206,691	0	231,274	10,157	9,308	457,430	0
	(ii)	0	0	0	0	- 0	- 0	0
8Michael Case MD Medical Doctor	(i)	387,996	5,000	42,155	39,750	23,938	498,839	0
	(ii)	0	0	0	0	- 0	- 0	0
9Matthew Sdano MD Medical Doctor	(i)	406,496	5,000	4,605	39,750	23,614	479,465	0
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Gundersen Lutheran Administrative
Services Inc

Employer identification number
39-1606449

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WHEFA SERIES 2011A ISSUANCE	39-1337855	97710BJ78	09-29-2011	132,855,000	SEE PART VI		X		X		X
B WHEFA SERIES 2016 ISSUANCE	39-1337855	000000000	02-12-2016	40,000,000	SEE PART VI		X		X		X
C WHEFA SERIES 2009 ISSUANCE	39-1337855	97710BE65	03-17-2011	76,005,000	SEE PART VI		X		X		X
D WHEFA SERIES 2008B ISSUANCE	39-1337855	97710BBG6	09-01-2010	61,400,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	29,575,000		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	162,563,462		40,000,000		78,715,000		61,400,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	1,938,652		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	70,140,245		0		0		0	
11	Other spent proceeds	90,473,803		40,000,000		78,715,000		61,400,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2014		2016		2005		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X			X

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		1 610 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5					1 610 %			
7 Does the bond issue meet the private security or payment test? . . .	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X	X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X	X	
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X	X		X	
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X					
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b Name of provider	0		0		PIPERMERRILL		MERRILL	
c Term of hedge					2950 %		27 %	
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part I Bond Issues Line A	(A) ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2011A (F) DESCRIPTION OF PURPOSE CURRENTLY REFUNDED THE 2000 SERIES A AND B ISSUED 10/10/2000 2008 SERIES A ISSUED 5/29/2008 AND NEW MONEY FOR CONSTRUCTION AND EQUIPPING OF HOSPITAL FACILITIES AND COSTS OF ISSUANCE PART I BOND ISSUES LINE B (A) ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2016 (F) DESCRIPTION OF PURPOSE Proceeds of the Series 2016 Bonds were used to currently refund, in their entirety, the Wisconsin Health and Educational Facility Variable Rate Revenue Bonds, Series 2011B (Gundersen Lutheran) PART I BOND ISSUES LINE C (A) ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2009 (C) CUSIP ID 97710BE65/9910BE73 (F) DESCRIPTION OF PURPOSE CONVERSION AND REISSUANCE OF 2009 BONDS, ORIGINALLY ISSUED 5/22/2009 TO FINANCE CONSTRUCTION AND EQUIPPING OF HOSPITAL FACILITIES AND CURRENTLY REFUND THE SERIES 2003B/C BONDS PART I BOND ISSUES LINE D (A) ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2008B (F) DESCRIPTION OF PURPOSE CONVERSION AND REISSUANCE OF 2008 BONDS, ORIGINALLY ISSUED 5/29/2008 TO FINANCE THE REPAYMENT OF A LINE OF CREDIT USED TO REPAY THE SERIES 2006 BONDS, WHICH FINANCED THE CONSTRUCTION AND EQUIPPING OF HEALTH CARE FACILITIES AND COSTS OF ISSUANCE PART III, LINE 8B * DUE TO SOFTWARE LIMITATIONS, THE PERCENTAGE OF THE BOND SOLD OR DISPOSED OF COULD NOT PRINT THE ACTUAL AMOUNT OF BOND-FINANCED PROPERTY SOLD OR DISPOSED OF WAS 0 000013% PART I BOND ISSUES LINE A (A) ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2012 (F) DESCRIPTION OF PURPOSE NEW MONEY FOR CONSTRUCTION AND EQUIPPING OF HOSPITAL AND COSTS OF ISSUANCE PART I BOND ISSUES LINE B (A) ISSUER NAME WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2015 (F) DESCRIPTION OF PURPOSE NEW MONEY FOR CONSTRUCTION AND EQUIPPING OF A CLINIC Part III, Line 7 Gundersen monitors the private use of its bond-financed assets and routinely takes steps to limit private use Gundersen manages compliance through its private use monitoring Part III, Line 8a & 8c Gundersen had a sale of a bond financed asset from the 2008B issuance 800 00 was reissued on 7/15/15 in order to remediate a sale

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Gundersen Lutheran Administrative
Services Inc

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
39-1606449

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WHEFA SERIES 2012 ISSUANCE	39-1337855	97710B4B5	09-27-2012	69,355,000	SEE PART VI		X		X		X
B WHEFA Series 2015 Issuance	39-1337855	000000000	12-23-2015	10,650,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	645,000		1,350,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	71,875,660		12,041,231					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	961,054		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	70,929,112		9,266,806					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		2,774,425					
13	Year of substantial completion	2014		2017					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use											
				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?			X					
b Exception to rebate?	X							
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Gundersen Lutheran Administrative Services Inc

Employer identification number
39-1606449

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ 0						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS (A) NAME OF PERSON SEAN AGGER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF WILLIAM AGGER, M D , FORMER DIRECTOR (A) NAME OF PERSON JAMES KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KATHLEEN KLOCK, KEY EMPLOYEE (A) NAME OF PERSON BELINDA KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KATHLEEN KLOCK, KEY EMPLOYEE (A) NAME OF PERSON JAMES KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KATHLEEN KLOCK, KEY EMPLOYEE (A) NAME OF PERSON JONATHAN KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KATHLEEN KLOCK, KEY EMPLOYEE (A) NAME OF PERSON BRENDA WHITE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF GERALD ARNDT, DIRECTOR (A) NAME OF PERSON SAMUEL THOMPSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JEFFREY THOMPSON, M D , FORMER DIRECTOR (A) NAME OF PERSON TOM THOMPSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JEFFREY THOMPSON, M D , FORMER DIRECTOR (A) NAME OF PERSON LYNN STURM (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF BRAD STURM, DIRECTOR (A) NAME OF PERSON AMY STRUPP (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KELLY BARTON, KEY EMPLOYEE (A) NAME OF PERSON MARGARET WEBSTER, M D (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MARK GLENDENNING, DIRECTOR (A) NAME OF PERSON RICARDO RIVERA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JULIO BIRD, M D , DIRECTOR (A) NAME OF PERSON MEGAN KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KATHLEEN KLOCK, KEY EMPLOYEE (A) NAME OF PERSON SHANNON STEPHENS, M D (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KELLEY BAHR, M D , DIRECTOR (A) NAME OF PERSON SUSAN OWEN-THOMPSON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JEFFREY THOMPSON, M D , FORMER DIRECTOR (A) NAME OF PERSON INGRI GUNDERSEN LOMBARDI (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF SIGURD GUNDERSEN III, M D , DIRECTOR (A) NAME OF PERSON JOHN HOUSKAMP, M D (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF ELIZABETH SMITH-HOUSKAMP, OFFICER (A) NAME OF PERSON HALEY BARTON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KELLY BARTON, KEY EMPLOYEE (A) NAME OF PERSON RACHEL THOMPSON-FLEMING, M D (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JEFFREY THOMPSON, M D , FORMER DIRECTOR (A) NAME OF PERSON NATHAN FLEMING, M D (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JEFFREY THOMPSON, M D , FORMER DIRECTOR (A) NAME OF PERSON SCOTT WIED (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF LISA WIED, KEY EMPLOYEE

Additional Data

Software ID:

Software Version:

EIN: 39-1606449

Name: Gundersen Lutheran Administrative Services Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Sean Agger	SEE SUPPLEMENTAL INFO	208,370	Employment		No
(2) James Klock	SEE SUPPLEMENTAL INFO	126,283	Employment		No
(3) Belinda Klock	SEE SUPPLEMENTAL INFO	70,186	Employment		No
(4) James Klock	SEE SUPPLEMENTAL INFO	123,041	Employment		No
(5) Brenda White	SEE SUPPLEMENTAL INFO	30,812	Employment		No
(6) Samuel Thompson	SEE SUPPLEMENTAL INFO	54,629	Employment		No
(7) Jonathan Klock	SEE SUPPLEMENTAL INFO	101,868	Employment		No
(8) Tom Thompson	SEE SUPPLEMENTAL INFO	56,943	Employment		No
(9) Lynn Sturm	SEE SUPPLEMENTAL INFO	27,397	Employment		No
(10) Amy Strupp	SEE SUPPLEMENTAL INFO	26,358	Employment		No
(11) Margaret Webster MD	SEE SUPPLEMENTAL INFO	155,360	Employment		No
(12) Ricardo Rivera	SEE SUPPLEMENTAL INFO	92,000	Employment		No
(13) Megan Klock	SEE SUPPLEMENTAL INFO	72,071	Employment		No
(14) Shannan Stephens MD	SEE SUPPLEMENTAL INFO	309,687	Employment		No
(15) Susan Owen-Thompson	SEE SUPPLEMENTAL INFO	25,886	Employment		No
(16) Ingrid Gundersen Lombardi	SEE SUPPLEMENTAL INFO	46,902	Employment		No
(17) John Houskamp MD	SEE SUPPLEMENTAL INFO	298,860	Employment		No
(18) Haley Barton	SEE SUPPLEMENTAL INFO	26,723	Employment		No
(19) Rachel Thompson-Fleming MD	SEE SUPPLEMENTAL INFO	148,000	Employment		No
(20) Nathan Fleming MD	SEE SUPPLEMENTAL INFO	44,243	Employment		No
(21) Scott Wied	SEE SUPPLEMENTAL INFO	98,010	Employement		No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Gundersen Lutheran Administrative
Services Inc**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

2016**Open to Public
Inspection****Employer identification number**

39-1606449

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	DESCRIPTION OF ORGANIZATION MISSION TO SUPPORT GUNDERSEN LUTHERAN HEALTH SYSTEM, INC 'S P ROGRAMS OF HEALTH CARE, MEDICAL EDUCATION, MEDICAL RESEARCH AND COMMUNITY HEALTH PROMOTION ACTIVITIES WITHIN THE MEANING OF SECTION 509(A)(3) OF THE IRC, BORROWING AND LENDING OF F UNDS AND PROPERTY, ENGAGING IN FINANCIAL TRANSACTIONS WITH AND/OR ON BEHALF OF THE GUNDERS EN LUTHERAN HEALTH SYSTEM, INC , ALONG WITH GENERAL SERVICES PROVIDED TO GUNDERSEN CLINIC, LTD AND GUNDERSEN LUTHERAN MEDICAL CENTER, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	MARK GLENDENNING, GERALD ARNDT AND GREG PRAIRIE - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC IS THE SOLE MEMBER OF THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC , THE PARENT CORPORATION AND SOLE MEMBER OF THE CORPORATION, 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 CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	THE FORM 990 WILL BE AVAILABLE FOR ALL BOARD MEMBERS AT A BOARD MEETING AND THE GUNDERSEN LUTHERAN HEALTH SYSTEM FINANCE COMMITTEE RECEIVES A COPY OF THE 990 BEFORE FILING AND UPON FURTHER REVIEW FROM THE CFO THE 990S ARE APPROVED AND FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC MONITORS CONFLICTS ON AN ANNUAL BASIS BY REVIEWING DISCLOSURES ON COMPLETED CONFLICT OF INTEREST STATEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	THE COMPENSATION OF THE CEO IS DETERMINED ANNUALLY BY A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES THEIR DETERMINATION IS MADE AFTER A REVIEW OF MARKET DATA OBTAINED FROM SEVERAL ORGANIZATIONS AND CEO PERFORMANCE MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE SUCH DISCUSSIONS TAKE PLACE RECOMMENDATIONS FOR COMPENSATION FOR THE ORGANIZATIONS' KEY MANAGEMENT EMPLOYEES ARE DEVELOPED ANNUALLY BY THE CEO, AFTER A REVIEW OF PERFORMANCE AND COMPARABLE MARKET DATA THE PROPOSED SALARIES ARE INDEPENDENTLY REVIEWED BY AN OUTSIDE AUDITING FIRM THE COMPENSATION RECOMMENDATIONS, AUDIT REPORTS, ALONG WITH THE MARKET DATA, ARE PRESENTED TO A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES THE COMPENSATION AMOUNTS ARE NOT EFFECTIVE UNTIL THE BOARD COMMITTEE APPROVES THEM MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	REQUESTS FOR ALL DOCUMENTS ARE MADE THROUGH THE LEGAL DEPARTMENT, AND THE APPROPRIATE DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION IN THE LEGAL DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3a	The information in the Schedule is presented in accordance with the requirements of Title 2 U S Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318117227	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .					
Department of the Treasury Internal Revenue Service					
Name of the organization Gundersen Lutheran Administrative Services Inc				Employer identification number 39-1606449	

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

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

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

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	No
(1) DEGEN BERGLUND INC 1709 LOSEY BLVD S LA CROSSE, WI 54601 39-0971110	RTL PHARMACY	WI	GLHS	C Corp	0	0		Yes	
(2) GUNDERSEN LUTHERAN ENVISION LLC 1836 SOUTH AVENUE LA CROSSE, WI 54601 26-4706546	RENEWABLE ENERGY	WI	GLHS	C Corp	0	0		Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	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	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Gundersen Health Plan Inc	m	84,480,745	FAIR VALUE
(2) Gundersen Health Plan Inc	q	5,292,618	FAIR VALUE
(3) Gundersen Health Plan MN Inc	q	260,311	FAIR VALUE
(4) Gundersen Lutheran Envision LLC	a(i)	281,524	FAIR VALUE

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part IV, Line 1 and 2	DEGEN BERGLUND, INC AND GUNDERSEN LUTHERAN ENVISION, LLC ARE DIRECTLY OWNED BY GUNDERSEN LUTHERAN HEALTH SYSTEM, INC AND INDIRECTLY OWNED BY GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC

Additional Data

Software ID:
Software Version:
EIN: 39-1606449
Name: Gundersen Lutheran Administrative Services Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1866425	SUPTNG ORG	WI	501(C)(3)	LINE 12B,II	NA		No
(1) 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-0813416	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(2) 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1028657	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(3) 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1249705	FOUNDATION	WI	501(C)(3)	LINE 7	GLHS		No
(4) 1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1807071	HEALTH INS	WI	501(C)(4)		GLHS		No
(5) 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1856898	CREDENTIALING	WI	501(C)(3)	LN 12C,III	GLHS		No
(6) 18601 LINCOLN STREET WHITEHALL, WI 54773 39-0704510	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(7) 235 CAUSEWAY BLVD LA CROSSE, WI 54603 39-1962965	MDCL TRANSP	WI	501(C)(3)	LINE 10	GLHS		No
(8) 400 WATER AVENUE HILLSBORO, WI 54634 39-0929538	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(9) 400 WATER AVENUE HILLSBORO, WI 54634 39-1455787	FOUNDATION	WI	501(C)(3)	LINE 12A, I	S JOSEPH HS		No
(10) 18601 LINCOLN STREET WHITEHALL, WI 54773 30-0093022	FOUNDATION	WI	501(C)(3)	LINE 12A, I	TRI-COUNTY		No
(11) 1836 SOUTH AVE LA CROSSE, WI 54601 90-0102388	HEALTH CARE	WI	501(C)(3)	LINE 12	GLHS		No
(12) 1900 SOUTH AVE LA CROSSE, WI 54601 45-2633920	HEALTH INS	MN	501(C)(4)		GHP		No
(13) 205 PARKER STREET BOSCOBEL, WI 53805 39-0845590	HEALTH CARE	WI	501(C)(3)	LINE 3	GLHS		No
(14) 205 PARKER STREET BOSCOBEL, WI 53805 39-1688793	FUNDRAISING	WI	501(C)(3)	LINE 7	NA		No
(15) 205 PARKER STREET BOSCOBEL, WI 53805 45-0498844	FUNDRAISING	WI	501(C)(3)	LINE 7	NA		No
(16) 815 MAIN AVENUE S HARMONY, MN 55939 41-0711606	HEALTH CARE	MN	501(C)(3)	LINE 10	GLHS		No
(17) 125 FIFTH AVENUE SE SPRING GROVE, MN 55974 41-1565003	HEALTH CARE	MN	501(C)(3)	LINE 10	GLHS		No
(18) 235 CAUSEWAY BLVD LA CROSSE, WI 54603 39-1965415	MDCL TRANSP	WI	501(C)(3)	LINE 3	GLHS		No
(19) 1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1480826	HOUSING	WI	501(C)(3)	LN 12C, 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	No
(21) 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1751934	INDP LIVING	WI	501(C)(3)	LINE 10	LRHC		No
(1) 1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1586700	INDP LIVING	WI	501(C)(3)	LINE 10	LRHC		No
(2) 112 JEFFERSON STREET WEST UNION, IA 52175 42-1320763	HEALTH CARE	IA	501(C)(3)	LINE 3	GLHS		No
(3) 112 Jefferson Street West Union, IA 52175 42-1032878	FOUNDATION	IA	501(C)(3)	LINE 7	PLHC		No