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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC
% GERALD OETZEL
Doing business as

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

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

D Employer identification number
39-0813416

E Telephone number
(608) 782-7300

G Gross receipts $ 1,276,038,923

F Name and address of principal officer:
SCOTT RATHGABER MD
1910 SOUTH AVE
LA CROSSE, WI 54601

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.GUNDERSENHEALTH.ORG

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

L Year of formation: 1899

M State of legal domicile: WI

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	540,360
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-123,853

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,053,301	2,169,186
9	Program service revenue (Part VIII, line 2g)	1,111,506,981	1,272,800,872
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	394,882	493,905
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	398,645	475,245
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,114,353,809	1,275,939,208
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,429,510	25,177,007
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	974,889,972	1,033,852,729
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	997,319,482	1,059,029,736
19	Revenue less expenses. Subtract line 18 from line 12	117,034,327	216,909,472

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,429,473,426	1,650,386,121
21	Total liabilities (Part X, line 26)	6,224,827	9,131,800
22	Net assets or fund balances. Subtract line 21 from line 20	1,423,248,599	1,641,254,321

Part II Signature Block

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

Sign Here

****** 2020-11-10
Signature of officer Date

GERALD OETZEL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01622613

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 155 N Wacker Drive, Chicago, IL 60606 — Phone no. (312) 879-2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

GUNDERSEN LUTHERAN MEDICAL CENTER (GLMC) A PHYSICIAN-LED, NOT-FOR-PROFIT HEALTHCARE SYSTEM, ESTABLISHED IN 1899, PROVIDES ACUTE AND TERTIARY CARE FOR 21 COUNTIES LOCATED THROUGHOUT WESTERN WISCONSIN, NORTHEASTERN IOWA AND SOUTHEASTERN MINNESOTA. WE SERVE AS A REGIONAL REFERRAL CENTER. GLMC IS A TEACHING HOSPITAL WITH 325 LICENSED BEDS AND A LEVEL II TRAUMA AND EMERGENCY CENTER. OUR MISSION IS TO DISTINGUISH OURSELVES THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION, RESEARCH AND IMPROVED HEALTH IN THE COMMUNITIES WE SERVE. WE WILL WORK AS A TEAM TO DEMONSTRATE OUR VALUES: INTEGRITY - PERFORM WITH HONESTY, RESPONSIBILITY AND TRANSPARENCY, EXCELLENCE - ACHIEVE EXCELLENCE IN ALL ASPECTS OF DELIVERING HEALTHCARE, RESPECT - TREAT PATIENTS, FAMILIES AND COWORKERS WITH DIGNITY, INNOVATION - EMBRACE CHANGE AND NEW IDEAS, COMPASSION - PROVIDE COMPASSIONATE CARE TO PATIENTS AND FAMILIES. OUR CURRENT VISION IS TO ENHANCE THE HEALTH AND WELL-BEING OF OUR COMMUNITIES WHILE ENRICHING EVERY LIFE WE TOUC

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 $ 943,422,154 including grants of $ 25,117,007) (Revenue $ 1,272,800,872)

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 ▶** 943,422,154

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶GERALD OETZEL 1900 SOUTH AVENUE NCA1-01 LA CROSSE, WI 54601 (608) 775-7914

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (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			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	0	10,745,454	1,280,949

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 ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GUNDERSEN LUTHERAN ADMIN SERVICES, 1910 SOUTH AVENUE LA CROSSE, WI 54601	SERVICES/SUPPLIES	662,074,133

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	1,439,476			
e Government grants (contributions)	1e	640,832			
f All other contributions, gifts, grants, and similar amounts not included above	1f	88,878			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		2,169,186			
Program Service Revenue	Business Code				
2a MEDICAL SERVICES PROVIDED	621500	1,272,800,872	1,272,800,872	0	0
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f.		1,272,800,872			
3 Investment income (including dividends, interest, and other similar amounts)		491,473		0	491,473
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
	(i) Real	(ii) Personal			
6a Gross rents 6a	34,600				
b Less: rental expenses 6b	99,715				
c Rental income or (loss) 6c	-65,115	0			
d Net rental income or (loss)		-65,115			-65,115
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a		2,432			
b Less: cost or other basis and sales expenses 7b					
c Gain or (loss) 7c		2,432			
d Net gain or (loss)		2,432		0	2,432
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a	0				
b Less: direct expenses 8b	0				
c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities. See Part IV, line 19 9a	0				
b Less: direct expenses 9b	0				
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances 10a	0				
b Less: cost of goods sold 10b	0				
c Net income or (loss) from sales of inventory		0			
Other Revenue Miscellaneous Revenue	Business Code				
11a LABORATORY SERVICES		540,360	0	540,360	0
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		540,360			
12 **Total revenue.** See instructions		1,275,939,208	1,272,800,872	540,360	428,790

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,416,652	16,416,652		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,760,355	8,760,355		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
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	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	222,654,517	113,110,924	109,543,593	0
b Legal	6,827	0	6,827	0
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	139,891,767	139,652,189	239,578	0
12 Advertising and promotion	28,926	28,926	0	0
13 Office expenses	11,101,133	10,994,516	106,617	0
14 Information technology	2,368,077	2,230,909	137,168	0
15 Royalties	0			
16 Occupancy	1,184,176	1,061,790	122,386	0
17 Travel	705,953	678,850	27,103	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	27,088,062	24,797,180	2,290,882	0
23 Insurance	602,249	43,173	559,076	0
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 SUPPLIES	155,565,510	155,565,510	0	0
b BAD DEBTS	19,921,502	19,921,502	0	0
c LEASED EMPLOYEES	439,419,616	436,905,065	2,514,551	0
d RECRUITING/EMPLOY. DEVEL/TAXES	12,569,255	12,541,780	27,475	0
e All other expenses	745,159	712,833	32,326	
25 **Total functional expenses.** Add lines 1 through 24e	1,059,029,736	943,422,154	115,607,582	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		172,459	2	224,083
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		140,897,861	4	148,494,737
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,698,275	8	6,602,105
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 551,791,991			
	b	Less: accumulated depreciation	10b 243,586,173	291,789,167	10c	308,205,818
	11	Investments—publicly traded securities		20,000,000	11	20,000,000
	12	Investments—other securities. See Part IV, line 11		250,000	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		969,665,664	15	1,166,859,378
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,429,473,426	16	1,650,386,121
Liabilities	17	Accounts payable and accrued expenses		4,910,253	17	5,142,264
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,314,574	25	3,989,536
	26	**Total liabilities.** Add lines 17 through 25		6,224,827	26	9,131,800
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,423,248,599	27	1,641,254,321
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,423,248,599	32	1,641,254,321
	33	Total liabilities and net assets/fund balances		1,429,473,426	33	1,650,386,121

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,275,939,208
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,059,029,736
3	Revenue less expenses. Subtract line 2 from line 1	3	216,909,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,423,248,599
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	1,096,250
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,641,254,321

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 39-0813416

Name: GUNDERSEN LUTHERAN MEDICAL CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

GLMC PROVIDES A COMPREHENSIVE RANGE OF INPATIENT, CLINICAL AND DIAGNOSTIC SERVICES IN NUMEROUS MEDICAL SPECIALTIES AND SUBSPECIALTIES. GLMC IS A TEACHING HOSPITAL WITH 325 LICENSED BEDS WITH SPECIALTY SERVICES INCLUDING RENAL DIALYSIS, CANCER CARE, REHABILITATION SERVICES, AND CARDIAC SERVICES. IN 2013, GLMC OPENED A NEW INPATIENT BEHAVIORAL HEALTH BUILDING, MEETING A TREMENDOUS NEED IN OUR REGION FOR ADDITIONAL BEDS AND SERVICES. WE ARE ABLE TO PROVIDE CARE LOCALLY FOR PATIENTS OF ALL AGES. THE FACILITY IS THE ONLY PLACE IN THE REGION OFFERING INPATIENT CARE FOR ADOLESCENTS AND TEENAGERS WITH BEHAVIORAL HEALTH NEEDS. GLMC HAS REPEATEDLY BEEN NAMED ONE OF THE TOP 50 HOSPITALS IN THE NATION, PLACING US IN THE TOP ONE PERCENT. GLMC VOLUNTARILY PROVIDES MEDICALLY NECESSARY PATIENT CARE SERVICE THAT IS DISCOUNTED OR FREE OF CHARGE TO PERSONS WHO HAVE INSUFFICIENT RESOURCES AND/OR WHO ARE UNINSURED. DURING 2019, GLMC PROVIDED FINANCIAL ASSISTANCE ON APPROXIMATELY 9,805 PATIENTS THAT RESULTED IN GLMC INCURRING ROUGHLY $8,760,355 IN UNCOMPENSATED COST ASSOCIATED WITH THIS PROGRAM.

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	2.0 46.0	X		X				0	922,188	60,548
Michael Dolan MD EVP, Medical COO	2.0 46.0			X				0	597,116	61,048
Marilu Bintz MD Chief Population Health Offcr	2.0 46.5			X				0	597,100	47,956
Mary Kuffel MD Medical Vice President	0.0 41.0				X			0	513,104	41,992
Gerald Oetzel Chief Financial Officer	2.0 46.0			X				0	494,887	53,232
Gregory Thompson MD Bd Tste /Chief Medical Officer	2.0 46.0	X		X				0	469,438	60,548
David Morrison MD Medical Doctor	0.0 40.0					X		0	461,496	59,548
Christine Waller MD Medical Doctor	0.0 40.0					X		0	476,034	41,992
Dana Benden MD Board of Trustees - Member	2.0 46.0	X						0	473,792	41,992
Alan Pratt MD Medical Doctor	0.0 40.0					X		0	444,142	43,442

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			
Elizabeth Smith-Houska Admin Chief Operating Officer	2.0 48.5			X				0	437,192	40,600
Justin Shurts DO MEDICAL DOCTOR	0.0 40.0					X		0	411,983	59,548
Rose Ann-Laureto Chief Info Officer (Term 2019)	2.0 47.0			X				0	414,269	47,774
Alaina Webb MD Medical Doctor	0.0 40.0					X		0	395,271	54,325
P Michael Jacobs DP Medical Vice President	0.0 42.0				X			0	386,188	62,048
William Farrell Chief Business & Strategy Ofcr	2.0 47.5			X				0	411,002	29,400
Todd Kowalski MD Medical Vice President	0.0 40.0				X			0	375,496	60,548
Jonathan Zlabek MD Board of Trustees - Member	2.0 46.0	X						0	348,424	62,048
Kelley Bahr MD Board of Trustees - Member	2.0 46.0	X						0	360,192	40,600
Mary Ellen McCartney Chief Human Rsources Officer	2.0 46.0			X				0	339,686	49,480

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	0.0 40.0				X			0	328,996	56,862
Jeffrey Thompson MD FORMER CEO	0.0 40.0						X	0	280,209	62,148
Bryan Erdmann Administrative Vice President	0.0 42.5				X			0	267,981	60,928
Robyn Borge MD Board of Trustees - Member	2.0 46.0	X						0	274,192	38,882
Daniel P Breazeale Vice President Finance	0.0 40.0				X			0	265,076	43,460
Kraig Schuster Administrative Vice President	0.0 41.0				X			0	233,207	54,030
Garith Steiner Vice President (Term 2019)	2.0 42.0				X			0	251,213	32,276
Lisa Wied Administrative Vice President	0.0 41.0				X			0	224,372	52,884
Pamela Maas VP Bus. Develmt/Mkting Officer	0.0 40.0				X			0	242,545	34,619
Michael McKee Administrative Vice President	0.0 42.3				X			0	220,996	54,290

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			
Kari Adank Vice President Compliance	0.0 40.0				X			0	210,246	49,942
Mike O'Neill VP Strategy Execution	0.0 41.0				X			0	183,236	45,680
Ellen Pedretti-Fendt VP Application Services	0.0 40.0				X			0	185,930	40,588
Janine Luz Vice President Learning	0.0 40.0				X			0	181,961	40,978
MARK TERESI INTERIM CFO TERM 3/2019	40.0 0.0			X				151,990	0	0
WENDY LOMMEN BD OF TSTE - TRUSTEE EMERITUS	2.0 4.0	X		X				0	0	0
JOHN LYCHE BOARD OF TRUSTEES -BOARD CHAIR	2.0 4.0	X		X				0	0	0
GERALD ARNDT BOARD OF TRUSTEES - VICE CHAIR	2.0 4.0	X		X				0	0	0
MARK GLENDENNING BOARD OF TRUSTEES - MEMBER	2.0 4.0	X						0	0	0
BRAD STURM BOARD OF TRUSTEES - TREASURER	2.0 4.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAN FLORNESS BOARD OF TRUSTEES - MEMBER	2.0 4.0	X						0	0	0
RICHARD RADCLIFFE BOARD OF TRUSTEES - SECRETARY	2.0 4.0	X		X				0	0	0
GLENA TEMPLE PHD BOARD OF TRUSTEES - MEMBER	2.0 4.0	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC

Employer identification number
39-0813416

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% 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 331/3% 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 . . . . . _____

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 39-0813416

Name: GUNDERSEN LUTHERAN MEDICAL CENTER INC

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316043740

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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	Employer identification number
GUNDERSEN LUTHERAN MEDICAL CENTER INC	39-0813416

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-.
1					
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)		0
b Total lobbying expenditures to influence a legislative body (direct lobbying)		242,328
c Total lobbying expenditures (add lines 1a and 1b)		242,328
d Other exempt purpose expenditures	1,059,029,736	2,142,825,123
e Total exempt purpose expenditures (add lines 1c and 1d)	1,059,029,736	2,143,067,451
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	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	781,949
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	219,895	243,711	231,180	242,328	937,114
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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316043740

TY 2019 Affiliated Group Schedule

Name: GUNDERSEN LUTHERAN MEDICAL CENTER INC

EIN: 39-0813416

Affiliated Group Business Name:	GUNDERSEN LUTHERAN ADMIN SE
Address. Either US or Foreign Type:	1910 SOUTH AVENUE LA CROSSE, WI 54601
EIN:	39-1606449
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	219,416
Total Lobbying Expenditures:	219,416
Other Exempt Purpose Expenditures:	830,211,483
Total Exempt Purpose Expenditures:	830,430,899
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 LTD
Address. Either US or Foreign Type:	1836 SOUTH AVENUE LA CROSSE, WI 54601
EIN:	39-1028657
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	22,912
Total Lobbying Expenditures:	22,912
Other Exempt Purpose Expenditures:	252,898,600
Total Exempt Purpose Expenditures:	252,921,512
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 HEALTH SY
Address. Either US or Foreign Type:	1836 SOUTH AVENUE 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:	685,304
Total Exempt Purpose Expenditures:	685,304
Lobbying Nontaxable Amount:	127,796
Grassroots Nontaxable Amount:	31,949
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 SOUTH AVENUE 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:	1,059,029,736
Total Exempt Purpose Expenditures:	1,059,029,736
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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC

Employer identification number
39-0813416

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.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ▶ $ _____

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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		4,033,631		4,033,631
b Buildings		423,204,503	147,811,799	275,392,704
c Leasehold improvements		5,019,039	3,986,736	1,032,303
d Equipment		119,534,818	91,787,638	27,747,180
e Other		0		0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				308,205,818

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)INTERCOMPANY RECEIVABLES	1,117,526,490
(2)OTHER RECEIVABLES & ADJUSTMENT	46,689,097
(3)RIGHT OF USE ASSETS	2,643,791
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	1,166,859,378

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
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,989,536

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: 39-0813416
Name: GUNDERSEN LUTHERAN MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
FORM 990 SCH D PART X, LINE 2	INCOME TAX MATTERS THE SYSTEM QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), WITH THE EXCEPTION OF DEGEN BERGLUND, INC. AND GUNDERSEN LUTHERAN ENVISION, LLC, WHICH ARE FOR-PROFIT ENTITIES. AT DECEMBER 31, 2019 AND 2018, NET DEFERRED TAX ASSETS OF $6,900 AND $7,574, RESPECTIVELY, WHICH PRIMARILY ARE REL ATED TO NET OPERATING LOSS CARRYFORWARDS, HAVE VALUATION ALLOWANCES OF $6,900 AND $6,300, RESPECTIVELY, RECORDED AGAINST THEM DUE TO THE UNCERTAINTY OF REALIZING THOSE BENEFITS IN THE FUTURE. AT DECEMBER 31, 2019, THE SYSTEM'S FEDERAL NET OPERATING LOSS CARRYFORWARDS WE RE APPROXIMATELY $28,700, AND THE STATE NET OPERATING LOSS CARRYFORWARDS WERE APPROXIMATEL Y $25,400, WHICH WILL EXPIRE BETWEEN 2028 AND 2037. THE SYSTEM HAS REVIEWED ITS TAX POSITI ONS FOR ALL OPEN YEARS AND HAS CONCLUDED THAT NO LIABILITIES EXIST FOR UNCERTAIN TAX POSIT IONS. THE SYSTEM'S INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAMINATION FOR 2014 AND PR IOR YEARS. THE TAX CUTS AND JOBS ACT (ACT) WAS ENACTED ON DECEMBER 22, 2017. THE ACT REDUC ES THE US FEDERAL CORPORATE TAX RATE FROM 35% TO 21%, REQUIRES COMPANIES TO PAY A ONE-TIME TRANSITION TAX ON EARNINGS OF CERTAIN FOREIGN SUBSIDIARIES THAT WAS PREVIOUSLY TAX DEFERR ED, AND CREATES NEW TAXES ON CERTAIN FOREIGN SOURCED EARNINGS. FOR TAX-EXEMPT ENTITIES, TH E ACT ALSO REQUIRES ORGANIZATIONS TO CATEGORIZE CERTAIN FRINGE BENEFIT EXPENSES AS A SOURC E OF UNRELATED BUSINESS INCOME, PAY AN EXCISE TAX ON REMUNERATION ABOVE CERTAIN THRESHOLDS THAT IS PAID TO EXECUTIVES BY THE ORGANIZATION, AND REPORT INCOME OR LOSS FROM UNRELATED BUSINESS ACTIVITIES ON AN ACTIVITY-BY-ACTIVITY BASIS, AMONG OTHER PROVISIONS. AT DECEMBER 31, 2019, THE SYSTEM HAS MADE A REASONABLE ESTIMATE OF THE TAX EFFECTS OF THE ENACTMENT OF THE ACT. CERTAIN REGULATORY GUIDANCE PROVIDES FOR A MEASUREMENT PERIOD OF UP TO ONE YEAR DURING WHICH THE ACCOUNTING FOR THE TAX EFFECTS OF THE ACT MAY BE COMPLETED. THE SYSTEM MA Y RECORD FURTHER ADJUSTMENTS IN FUTURE PERIODS UPON OBTAINING, PREPARING, OR ANALYZING ADD ITIONAL INFORMATION ABOUT FACTS AND CIRCUMSTANCES THAT EXISTED AS OF THE DATE OF ENACTMENT THAT WOULD HAVE AFFECTED THE INCOME TAX EFFECTS INITIALLY REPORTED. THE SYSTEM WILL CONTI NUE TO REVISE AND REFINE THE CALCULATIONS AS ADDITIONAL INTERNAL REVENUE SERVICE GUIDANCE IS ISSUED.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC

Employer identification number
39-0813416

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		9,805	2,780,414	0	2,780,414	0.270 %
b Medicaid (from Worksheet 3, column a)			121,121,394	69,783,013	51,338,381	4.940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		9,805	123,901,808	69,783,013	54,118,795	5.210 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			539,299	70,170	469,129	0.050 %
f Health professions education (from Worksheet 5)			15,407,129	10,656,292	10,656,292	1.030 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			657,321	0	657,321	0.060 %
j **Total.** Other Benefits			16,603,749	10,726,462	11,782,742	1.140 %
k **Total.** Add lines 7d and 7j		9,805	140,505,557	80,509,475	65,901,537	6.350 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			5,390		5,390	0 %
3 Community support						
4 Environmental improvements			2,475		2,475	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			14,382		14,382	0 %
8 Workforce development			2,976		2,976	0 %
9 Other			4,935,082		4,935,082	0.470 %
10 Total			4,960,305		4,960,305	0.470 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,328,547		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	2,166,355		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	142,065,118		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	197,799,933		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-55,734,815		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group GUNDERSEN LUTHERAN MEDICAL CENTER INC

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): REFER TO SECTION C			
b	☑ Other website (list url): REFER TO SECTION C			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): REFER TO SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

GUNDERSEN LUTHERAN MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. % and FPG family income limit for eligibility for discounted care of 400. %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): REFER TO SECTION C			
b	☑ The FAP application form was widely available on a website (list url): REFER TO SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url): REFER TO SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

GUNDERSEN LUTHERAN MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

GUNDERSEN LUTHERAN MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	GL HOSPICE INDUSTRIAL REHAB BUILDING 1843 SIMS PL LA CROSSE, WI 54601	HOSPICE SERVICES
2	GL SATELLITE DIALYSIS-ONALASKA 3075 S KINNEY COULEE RD ONALASKA, WI 54650	RENAL DIALYSIS CENTER
3	UNITY HOUSE FOR WOMEN 1312 5TH AVE LA CROSSE, WI 54601	ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES
4	GL SATELLITE DIALYSIS-VIROQUA 407 S MAIN ST VIROQUA, WI 54665	RENAL DIALYSIS CENTER
5	GL SATELLITE DIALYSIS-TOMAH 505 GOPHER DRIVE TOMAH, WI 54660	RENAL DIALYSIS CENTER
6	GL SATELLITE DIALYSIS- PRAIRIE DU CHIEN 610 E TAYLOR ST PRAIRIE DU CHIEN, WI 53821	RENAL DIALYSIS CENTER
7	GL SATELLITE DIALYSIS-BLACK RVR FALLS 711 W ADAMS ST BLACK RIVER FALLS, WI 54615	RENAL DIALYSIS CENTER
8	GL SATELLITE DIALYSIS-RICHLAND CENTER 1313 W SEMINARY ST RICHLAND CENTER, WI 53581	RENAL DIALYSIS CENTER
9	GL MENTAL HEALTH DAY TREAT BEHAV HLTH 123 16TH AVE S ONALASKA, WI 54650	OUTPATIENT PSYCHOLOGICAL SERVICES
10	UNITY HOUSE FOR MEN 1918-1924 MILLER ST LA CROSSE, WI 54601	ALCOHOL AND OTHER DRUG ABUSE (AODA) SERVICES

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCH H PART I LINE 3C	CATASTROPHIC CARE ASSISTANCE: FINANCIAL ASSISTANCE PROVIDED TO ELIGIBLE PATIENTS WITH ANNUALIZED FAMILY INCOMES IN EXCESS OF 400% OF THE FEDERAL POVERTY LEVEL, AND ASSETS OF LESS THAN THE EQUIVALENT OF 600% OF THE FEDERAL POVERTY LEVEL, AND FINANCIAL OBLIGATIONS RESULTING FROM MEDICAL SERVICES PROVIDED BY GHS IN EXCESS OF 25% OF THE FAMILY INCOME. DISCOUNTED CARE: FINANCIAL ASSISTANCE THAT PROVIDES A DISCOUNT, FOR ELIGIBLE MEDICAL SERVICES PROVIDED BY GHS, BASED ON A SLIDING SCALE, FOR ELIGIBLE PATIENTS, OR PATIENT GUARANTORS, WITH ANNUALIZED FAMILY INCOMES BETWEEN 200-400% OF THE FEDERAL POVERTY LEVEL AND ASSETS AT OR BELOW SIX TIMES THE FEDERAL POVERTY LEVEL. 1. FAMILY INCOME ABOVE 200% FPL BUT EQUAL TO OR LESS THAN 225% FPL ARE ELIGIBLE TO RECEIVE A 80% DISCOUNT ON THE PATIENT BALANCE DUE. 2. FAMILY INCOME ABOVE 225% FPL BUT EQUAL TO OR LESS THAN 250% FPL ARE ELIGIBLE TO RECEIVE A 60% POLICY DISCOUNT ON THE PATIENT BALANCE DUE. 3. FAMILY INCOME ABOVE 250% FPL BUT EQUAL TO OR LESS THAN 275% FPL ARE ELIGIBLE TO RECEIVE A 40% DISCOUNT ON THE PATIENT BALANCE DUE. 4. FAMILY INCOME ABOVE 275% FPL BUT EQUAL TO OR LESS THAN 400% FPL ARE ELIGIBLE TO RECEIVE A 20% DISCOUNT ON THE PATIENT BALANCE DUE. FREE CARE: A 100% WAIVER OF PATIENT FINANCIAL OBLIGATION FOR ELIGIBLE MEDICAL SERVICES PROVIDED BY GHS FOR ELIGIBLE PATIENTS, OR THEIR GUARANTORS, WITH ANNUALIZED FAMILY INCOMES AT OR BELOW 200% OF THE FPL WITH ASSETS BELOW THE EQUIVALENT OF 600% OF THE FPL. UNINSURED DISCOUNT: PATIENTS WITH NO THIRD-PARTY COVERAGE WILL BE PROVIDED AN UNINSURED DISCOUNT, FOR ELIGIBLE SERVICES PROVIDED BY GHS UNDER THIS POLICY, AT THE TIME THAT THE UNDISCOUNTED CHARGES ARE RENDERED. SERVICES NOT ELIGIBLE FOR FINANCIAL ASSISTANCE INCLUDE THE FOLLOWING: 1. ELECTIVE PROCEDURES NOT MEDICALLY NECESSARY, AS WELL AS SERVICES TYPICALLY NOT COVERED BY MEDICARE OR DEFINED BY MEDICARE OR OTHER HEALTH INSURANCE COVERAGE AS NOT MEDICALLY NECESSARY. 2. LASIK SURGERY, CHIROPRACTIC CARE, FERTILITY SERVICES, CONTACTS/GLASSES, COSMETIC SURGERY/PLASTIC SERVICES, HEARING AIDES, ORTHODONTICS, DENTAL SERVICES, OPTOMETRY. 3. SERVICES RECEIVED FROM CARE PROVIDERS NOT EMPLOYED BY GHS (E.G. PRIVATE AND/OR NON-GHS MEDICAL OR PHYSICIAN PROFESSIONALS, AMBULANCE TRANSPORT, ETC.). PATIENTS ARE ENCOURAGED TO CONTACT THESE PROVIDERS DIRECTLY TO INQUIRE INTO ANY AVAILABLE ASSISTANCE AND TO MAKE PAYMENT ARRANGEMENTS. SEE APPENDIX 3 FOR FULL LISTING OF PROVIDERS NOT COVERED UNDER THIS POLICY. 4. DEDUCTIBLES AND COINSURANCE ASSOCIATED WITH MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS OUT-OF-NETWORK AS DEFINED BY THEIR INSURERS.
FORM 990 SCH H PART I LINE 6A	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. (EIN: 39-1866425)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCH H PART I LINE 6B	THE COMMUNITY BENEFIT DATA IS FILED WITH THE WISCONSIN HOSPITAL ASSOCIATION (WHA). THE WHA MAKES A COMBINED SUMMARY AVAILABLE THAT INCLUDES ALL WISCONSIN HOSPITALS.
FORM 990 SCH H PART I LINE 7	SCHEDULE H, PART I, LINE 7A FINANCIAL ASSISTANCE AT COST IS FROM THE COST REPORT FOR CHARITY CARE AT COST. THIS IS BASED ON A COST TO CHARGE RATIO OF THE ACTUAL CHARITY CARE WRITTEN-OFF. COST TO CHARGE RATIO, AS CALCULATED USING WORKSHEET 2 METHODOLOGY TO DETERMINE THE COST OF SERVICES PROVIDED TO PATIENTS. MEDICAID AND OTHER MEANS TESTED PROGRAM COMMUNITY BENEFIT EXPENSES FOLLOWED THE CALCULATION METHODOLOGY ON WORKSHEET 3. SCHEDULE H, PART I, LINE 7B MEDICAID COMMUNITY BENEFIT EXPENSE IS CALCUATED USEING COST TO CHARGE RATIO OF MEDICAID GROSS CHARGES DECREASED BY MEDICAID PROVIDER TAXES, FEES, AND DIRECT NET PATIENT SERVICE REVENUE. SCHEDULE H, PART I, LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFITS OPERATIONS IS CACULATED ON WORKSHEET 4 BASED ON COMMUNITY HEALTH IMPROVEMENT SERVICES COST AND COMMUNITY BENEFIT OPERATIONS COST DECREASED BY COMMUNITY HEALTH IMPROVEMENT SERVICE REVENUE. SCHEDULE H, PART I, LINE 7F HEALTH PROFESSIONALS EDUCATION COST IS CALCUATED ON WORKSHEET 5 TO REFLECT THE MEDICAL STUDENT, INTERNS, RESIDENTS, AND FELLOWS COST DECREASED BY REIMBURSMENTS FROM MEDICARE, MEDICAID, AND TUITION REIMBURSMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7 COLUMN (F)	THE PERCENT OF TOTAL EXPENSE WAS CALCULATED BY DIVIDING THE COMMUNITY BENEFIT COST BY TOTAL HOSPITAL EXPENSES OF $1,039,108,234. THE TOTAL HOSPITAL EXPENSES EXCLUDE THE BAD DEBT EXPENSE OF $19,921,502.
FORM 990 SCH H PART II	THE GUNDERSEN HEALTH SYSTEM, WHICH INCLUDES GUNDERSEN LUTHERAN MEDICAL CENTER, IS COMMITTED TO OUR COMMUNITIES AS EXPRESSED IN OUR MISSION: WE DISTINGUISH OURSELVES THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION, RESEARCH AND IMPROVED HEALTH IN THE COMMUNITIES WE SERVE. THE COMMUNITY BUILDING ACTIVITIES ARE INCLUDED IN COMMUNITY SERVICE REPORTING WHICH ARE PROGRAMS OR SERVICES THAT SUPPORT OUR POPULATION HEALTH INITIATIVE, BENEFITING COMMUNITIES BY ADDRESSING IDENTIFIED NEED THROUGH EFFECTIVE HEALTH IMPROVEMENT PROGRAMMING, ECONOMIC CONTRIBUTION, CORPORATE CITIZENSHIP AND VOLUNTEERISM. SUPPORT IS PROVIDED THROUGH CONTRIBUTION TO OTHER ORGANIZATIONS, OR THROUGH PROGRAMMING DELIVERED BY GUNDERSEN. WHENEVER POSSIBLE, THIS TYPE OF PROGRAMMING IS EVALUATED TO IDENTIFY THE IMPACT ON POPULATION HEALTH AND QUALITY OF LIFE. VERIFICATION OF ADDRESSING COMMUNITY NEEDS IS DOCUMENTED IN THE IMPLEMENTATION PLAN. AS A LARGER SYSTEM, COMMUNITY BUILDING ACTIVITIES ENCOMPASS ALL CORPORATIONS. LEADERSHIP IN COMMUNITY HEALTH IMPROVEMENT IS EVIDENCED BY OUR ACTIVITY WITH SEVERAL COMMUNITY COALITIONS AND INITIATIVES. AS WE CONSIDER OUR COMMUNITY NEEDS IDENTIFIED IN THE COMPASS REPORT, IT IS EVIDENT THAT HEALTH IS IMPACTED BY NOT ONLY THE TRADITIONAL SENSE OF PROVISION OF QUALITY MEDICAL SERVICES, BUT THE ENVIRONMENT IN WHICH WE LIVE, THE ECONOMIC CONDITION OF OUR PERSON AND FAMILY AND OVERALL QUALITY OF LIFE OFFERED IN THE COMMUNITIES WHERE WE LIVE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCH H PART III LINE 2	COST TO CHARGE RATIO WAS OUR STARTING POINT FOR DETERMINING THE COST OF BAD DEBTS. THE COST TO CHARGE RATIO WAS CALCULATED FOLLOWING THE METHODOLOGY ON WORKSHEET 2. BAD DEBT EXPENSE IS THE PRODUCT OF THE COST TO CHARGE RATIO AND THE NET PROVISION FOR BAD DEBTS FROM THE FINANCIAL STATEMENTS.
FORM 990 SCH H PART III LINE 3	THE PATIENTS THAT EXCEED THE 400% FPG, WHEN ADDITIONAL CRITERIA SUCH AS CATASTROPHIC MEDICAL COSTS ARE CONSIDERED, HAPPENS WHEN ELIGIBLE PATIENTS WITH ANNUALIZED FAMILY INCOMES IN EXCESS OF 400% OF THE FEDERAL POVERTY LEVEL, ASSETS OF LESS THAN THE EQUIVALENT OF 600% OF THE FEDERAL POVERTY LEVEL, AND FINANCIAL OBLIGATIONS RESULTING FROM MEDICAL SERVICES PROVIDED BY GHS IN EXCESS OF 25% OF THE FAMILY INCOME. THE DATA USED IS FROM THE US CENSUS BUREAU, 2013-2017 AMERICAN COMMUNITY SURVEY (ACS) 5-YEAR DATA SET FOR THE WISCONSIN AND MINNESOTA COUNTIES. WE OBTAINED THE AVERAGE OF SEVERAL COUNTIES BY USING THE INFORMATION AT THE 3.00-3.99 (399%) OF FEDERAL POVERTY LEVEL (FPL) AND BELOW. THE NEXT RANGE WAS 4.00-4.99 RATIO OF INCOME TO POVERTY IN THE LAST 12 MONTHS. WE HAVE MULTIPLIED THE COUNTY AVERAGE AT 399% FPL TO THE BAD DEBT AT COST. WE DEDUCTED THE AMOUNT OF CHARITY CARE AT COST TO OBTAIN THE AMOUNT OF BAD DEBT AT COST TO PATIENTS ELIGIBLE UNDER FAP (BUT FOR WHOM INSUFFICIENT INFORMATION WAS OBTAINED TO DETERMINE THEIR ELIGIBILITY).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FORM 990 SCH H PART III LINE 4	THE COLLECTION OF RECEIVABLES FROM THIRD-PARTY PAYORS AND PATIENTS IS THE SYSTEM'S PRIMARY SOURCE OF CASH FOR OPERATIONS. THE PRIMARY COLLECTION RISKS RELATE TO UNINSURED PATIENT ACCOUNTS AND PATIENT DEDUCTIBLES AND COINSURANCE ON INSURERS' ACCOUNTS. PATIENT RECEIVABLES, INCLUDING THE PORTION FOR WHICH A THIRD-PARTY PAYOR IS RESPONSIBLE, ARE CARRIED AT NET REALIZABLE VALUE, DETERMINED BY THE ORIGINAL CHARGE FOR THE SERVICEPROVIDED LESS AN ESTIMATE MADE FOR CONTRACTUAL ADJUSTMENTS OR DISCOUNTS PROVIDED TO THIRD-PARTY PAYORS. PATIENT RECEIVABLES DUE DIRECTLY FROM THE PATIENTS ARE CARRIED ON THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS AT THE ORIGINAL CHARGE FOR THE SERVICE PROVIDED LESS AMOUNTS COVERED BY THIRD-PARTY PAYORS, ALLOWANCES FOR OTHER DISCOUNTS, AND AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. THE SYSTEM DOES NOT CHARGE INTEREST ON PAST-DUE RECEIVABLES. RECEIVABLES ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES. RECOVERIES OF RECEIVABLES PREVIOUSLY WRITTEN OFF ARE RECORDED AS A REDUCTION OF BAD DEBT EXPENSE. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS ACCOUNTS AND PROVISION FOR BAD DEBTS. THE ANALYSIS IS PERFORMED USING A HINDSIGHT CALCULATION THAT UTILIZES WRITE-OFF DATA FOR ALL PAYOR CLASSES DURING A DETERMINED TIME PERIOD TO CALCULATE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AT A POINT IN TIME. THE SYSTEM GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY PAYOR AGREEMENTS. AT DECEMBER 31, 2019 AND 2018, THE SYSTEMS ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WAS $15,156 AND $14,674 (DOLLARS IN THOUSANDS), RESPECTIVELY. THE SYSTEMS ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AS A PERCENTAGE OF ACCOUNTS RECEIVABLE WAS 8% AT DECEMBER 31, 2019 AND 2018. AT DECEMBER 31, 2019 AND 2018, AMOUNTS DUE FROM MEDICARE REPRESENTED 12% AND 15% OF THE SYSTEM'S NET PATIENT ACCOUNTS RECEIVABLE. MAJOR PAYOR SOURCES TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL.
FORM 990 SCH H PART III LINE 8	THE MEDICARE COST REPORT IS USED TO DETERMINE ALLOWABLE COSTS. THE UNREIMBURSED MEDICARE COSTS ON PART III, SECTION B OF SCHEDULE H ARE ALLOWABLE COSTS PER THE MEDICARE COST REPORT. THIS CALCULATION IS LIMITED TO PATIENTS WHO ARE COVERED UNDER THE MEDICARE FEE FOR SERVICE PLAN AND DOES NOT INCLUDE THOSE COVERED BY THE MEDICARE ADVANTAGE PLANS. IT ALSO DOES NOT INCLUDE ALL SERVICES PROVIDED BY THE HOSPITAL TO PATIENTS COVERED UNDER THE MEDICARE FEE FOR SERVICE PLAN. IT EXCLUDES HOSPICE SERVICES, AMBULANCE SERVICES, CLINICAL LABORATORY SERVICES, AND A FEW OTHER MISCELLANEOUS SERVICES. INCORPORATING ALL SERVICES TO ALL MEDICARE BENEFICIARIES, THE UNREIMBURSED COST FOR MEDICARE IS $59,236,843. THE MEDICARE COSTS ARE CALCULATED DIFFERENTLY THAN THE 990 UNREIMBURSED MEDICARE COSTS OF $55,734,815. MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE OUR MISSION IS TO PROMOTE HEALTH IN THE COMMUNITY AND WE DO NOT LIMIT THE CARE AVAILABLE TO ANY PATIENTS, INCLUDING THOSE COVERED BY MEDICARE. WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS EVEN THOUGH COSTS EXCEED REIMBURSEMENTS BY $59 MILLION. TAX-EXEMPT HOSPITALS ARE EXPECTED TO PARTICIPATE IN THE MEDICARE PROGRAM.

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Form and Line Reference	Explanation
FORM 990 SCH H PART III LINE 9B	PURSUANT TO SELF-PAY BILLING & COLLECTION POLICY, NO EXTRAORDINARY COLLECTION ACTIONS WILL BE PURSUED AGAINST A PATIENT, OR PATIENT GUARANTOR, BEFORE REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE WHETHER THE PATIENT OR GUARANTOR IS ELIGIBLE FOR ASSISTANCE UNDER THE GHS FINANCIAL ASSISTANCE POLICY (FAP). NO ACCOUNT WILL BE SUBJECT TO BAD DEBT COLLECTION ACTIONS, OR ECA, WITHIN 120 DAYS OF THE FIRST POST-DISCHARGE STATEMENT BEFORE GHS HAS MADE REASONABLE EFFORTS TO DETERMINE WHETHER THAT PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE. THIS 120 DAY TIMEFRAME MAY BE ABBREVIATED IF A DETERMINATION HAS BEEN MADE ON FINANCIAL ASSISTANCE, A PAYMENT PLAN HAS BEEN ESTABLISHED AND AGREED TO BY THE PATIENT OR GUARANTOR, AND THE PATIENT OR GUARANTOR IS NO LONGER COMPLYING WITH THE PAYMENT PLAN. NO COLLECTION ACTIONS WILL BE PURSUED AGAINST A PATIENT IF THE PATIENT, OR GUARANTOR, HAS PROVIDED DOCUMENTATION SHOWING THAT HE OR SHE HAS APPLIED FOR COVERAGE UNDER MEDICAID, OR OTHER PUBLICLY SPONSORED HEALTH PROGRAMS, THAT MAY PAY THE OUTSTANDING CLAIM AND FOR WHICH AN ELIGIBILITY DETERMINATION IS STILL PENDING. PRIOR TO SENDING A PATIENT'S ACCOUNT TO A COLLECTION AGENCY GHS WILL MAKE REASONABLE EFFORTS TO PROVIDE INFORMATION ON FINANCIAL ASSISTANCE AND WILL MAIL A MINIMUM OF THREE (3) WRITTEN STATEMENTS TO THE PATIENT OR GUARANTOR. EACH STATEMENT WILL INCLUDE CONSPICUOUS NOTICE OF THE GHS FINANCIAL ASSISTANCE POLICY, TELEPHONE NUMBER TO CALL FOR HELP, AND DIRECT WEBSITE ADDRESS. IF ALL EFFORTS TO COMMUNICATE WITH THE PATIENT, OR PATIENT GUARANTOR, ARE UNSUCCESSFUL, AND A CORRECT ADDRESS FOR UNDELIVERABLE MAIL IS NOT FOUND, ACCOUNTS WILL BE SENT TO A COLLECTION AGENCY. WITHIN 240 DAYS FROM THE FIRST POST-DISCHARGE STATEMENT, IF A PATIENT, OR GUARANTOR, APPLIES FOR FINANCIAL ASSISTANCE, THE APPLICATION WILL BE ACCEPTED AND COLLECTION ACTIONS WILL CEASE WHILE AN ELIGIBILITY DETERMINATION IS BEING MADE. IF THE APPLICANT IS APPROVED FOR FREE CARE, NO FURTHER ACTIONS WILL BE TAKEN TO COLLECT ON THE AMOUNT. IF THE APPLICANT IS DENIED FINANCIAL ASSISTANCE OR IS APPROVED FOR DISCOUNTED CARE, STEPS WILL BE TAKEN TO RESOLVE THE OUTSTANDING OBLIGATION. IF THE ACCOUNT IS NOT RESOLVED OR ARRANGEMENTS TO RESOLVE THE ACCOUNT ARE NOT MADE, ADDITIONAL COLLECTION ACTIONS WILL BE PURSUED. IF AN INDIVIDUAL SUBMITS AN INCOMPLETE APPLICATION DURING THE APPLICATION PERIOD, GHS MUST (I) SUSPEND ALL COLLECTION ACTIONS, (II) PROVIDE THE INDIVIDUAL WITH A WRITTEN NOTICE THAT DESCRIBES THE ADDITIONAL INFORMATION AND/OR DOCUMENTATION REQUIRED UNDER THE FAP OR APPLICATION FORM THAT MUST BE SUBMITTED TO COMPLETE THE FAP APPLICATION AND (III) PROVIDE GHS'S CONTACT INFORMATION. THE APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE THE LETTER WAS MAILED TO THE APPLICANT REQUESTING THIS INFORMATION. IF THE APPLICANT HAS NOT RESPONDED WITHIN THE 30 DAY TIMEFRAME, THE APPLICATION WILL BE DENIED. APPLICANTS APPROVED FOR FINANCIAL ASSISTANCE WILL BE REFUNDED PAYMENTS IN EXCESS OF THE AMOUNT DETERMINED OWED BY THE PATIENT OR PATIENT'S GUARANTOR ON ACCOUNTS FOR WHICH THEY HAVE BEEN GRANTED ASSISTANCE UNDER THE GHS FAP. REFUNDS APPLY TO EXCESS PAYMENTS OF $15.00 OR MORE. IN ACCORDANCE WITH THIS POLICY, FINANCIAL ASSISTANCE IS GENERALLY NOT EXTENDED FOR CO-PAYMENTS OR A BALANCE REMAINING AFTER THE INSURANCE COMPANY HAS PAID IF A PATIENT FAILS TO OBTAIN PROPER REFERRALS OR AUTHORIZATIONS, OR IF SUCH ASSISTANCE IS NOT IN ACCORDANCE WITH INSURER'S CONTRACTUAL AGREEMENT THEREFORE SUCH PAYMENTS RECEIVED WILL NOT BE REFUNDED. COLLECTION ACTIONS MAY BE UTILIZED BY GHS WHEN PURSUING PAYMENT FROM PATIENTS OR GUARANTORS (I) WITH BALANCES DUE THAT GO UNPAID FOR MORE THAN 120 DAYS WHO DO NOT APPLY FOR FINANCIAL ASSISTANCE, (II) PATIENTS OR GUARANTORS NOT IN CONFORMANCE WITH AN AGREED UPON PAYMENT PLAN, OR (III) PATIENTS OR GUARANTORS WHO ARE NO LONGER COOPERATING IN GOOD FAITH TO PAY OFF THE REMAINING BALANCE. AT LEAST 30 DAYS BEFORE INITIATING ONE OR MORE ECAS TO OBTAIN PAYMENT FOR THE CARE PROVIDED, GHS WILL PROVIDE A PATIENT OR PATIENT'S GUARANTOR WITH A WRITTEN NOTICE THAT INDICATES FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE INDIVIDUALS, HOW AN INDIVIDUAL CAN APPLY FOR FINANCIAL ASSISTANCE, AND WHERE THE FAP CAN BE OBTAINED. SUCH WRITTEN NOTICE WILL IDENTIFY THE ECAS THAT GHS OR OTHER AUTHORIZED PARTY INTENDS TO INITIATE TO OBTAIN PAYMENT FOR THE CARE AND INDICATE THE DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED. THE DEADLINE WILL BE NO EARLIER THAN THIRTY (30) DAYS AFTER THE DATE THAT THE WRITTEN NOTICE IS PROVIDED TO THE PATIENT OR PATIENT'S GUARANTOR. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY WILL BE INCLUDED WITH THE NOTICE GHS WILL ALSO MAKE REASONABLE EFFORTS TO ORALLY NOTIFY THE INDIVIDUAL ABOUT GHS FAP AND HOW THE PATIENT CAN OBTAIN ASSISTANCE WITH THE FAP PROCESS.
FORM 990 SCH H PART VI LINE 2	The Gundersen Community Health Needs Assessment utilizes the COMPASS Now collaborative assessment that includes 6 counties in our service area, representing 74% of our hospital service patient population, and 43% of the overall population of our 21-county service region. The COMPASS Now assessment has been an ongoing community needs assessment in collaboration with the United Way and other community partners since 1995, with updates every three years. The 21-county Health Indicator Report concurred with the COMPASS assessment priorities. However, reviewing the broader 21 county region assessment revealed a significant need not identified as a priority within the COMPASS process - obesity and diabetes. ACCORDING TO GUNDERSEN POLICY GL-1820, GUNDERSEN HEALTH SYSTEM ENGAGES IN PRACTICES WHICH PROVIDE A BENEFIT TO THE COMMUNITY. THIS IS IN ACCORDANCE WITH ITS COMMUNITY SERVICE AND POPULATION HEALTH PHILOSOPHY TO SUPPORT AND STRENGTHEN THE COMMUNITIES WE SERVE WITH PARTNERSHIPS AND INVESTMENT THROUGH EFFECTIVE HEALTH IMPROVEMENT PROGRAMING, CORPORATE CITIZENSHIP, VOLUNTEERISM, AND ECONOMIC CONTRIBUTIONS. GUNDERSEN HEALTH SYSTEM DEFINES COMMUNITY BENEFIT AS PROGRAMS OR ACTIVITIES THAT PROVIDE TREATMENT AND/OR PROMOTE HEALTH AND HEALING AS A RESPONSE TO IDENTIFIED COMMUNITY NEEDS, REGARDLESS OF SOURCE OR AVAILABILITY OF PAYMENT. POPULATION HEALTH REFERS TO THE HEALTH AND WELL-BEING OF A POPULATION OR GROUP OF INDIVIDUALS MEASURED BY AGGREGATE HEALTH OUTCOMES (BROADER THAN HEALTH STATUS) OF HEALTH ADJUSTED LIFE EXPECTANCY (QUANTITY AND QUALITY) AS INFULUENCED BY SOCIAL, ECONCOMIC, AND PHYSICAL ENVIRONMENTS, PERSONAL HEALTH PRACTICES, INDIVIDUAL CAPACITY AND COPING SKILLS, HUMAN BIOLOGY, EARLY CHILDHOOD DEVELOPMENT, AND HEALTH SERVICES. POPULATION HEALTH INITIATIVES ARE SUBSTANCE ABUSE/MENTAL HEALTH, ADVERSE CHILDHOOD EXPERIENCES/RESILIENCE, CHRONIC DISEASE AND SOCIAL DETERMINANTS OF HEALTH INCLUDING HOMELESSNESS. COMMUNITY SERVICE ACTIVITIES ARE PROGRAMS OR ACTIVIITIES THAT PROVIDE A MEASURABLE IMPROVEMENT IN POPULATION HEALTH. THE ACTIVITIES PROVIDED WITHIN OUR COMMUNITIES INCLUDE HEALTH IMPROVEMENT, ADVOCACY FOR PEOPLE WITH DISABILITIES, RECOGNITION OF DIVERSITY AND INCLUSION, MENTAL HEALTH, DOMESTIC VIOLENCE, WORKFORCE DEVELOPMENT, EDUCATION AND SAFETY. ACTIVITIES ARE GUIDED BY COMMUNITY NEEDS ASSESSMENT AND AS APPROPRIATE, INCLUDED IN OUR IMPLEMENTATION PLAN. NEEDS CAN ALSO BE DOCUMENTED FROM OTHER GROUPS. AS A LARGER SYSTEM, COMMUNITY BUILDING ACTIVITIES ENCOMPASS ALL CORPORATIONS. LEADERSHIP IN COMMUNITIY HEALTH IMPROVEMENT IS EVIDENCED BY OUR ACTIVITY WITH SEVERAL COMMUNITY COALITIONS AND INITIATIVES. PARTNERSHIPS ARE CRITICAL TO SUCCESSFUL COMMUNITY OUTCOMES. COMMUNITY SERVICE ACTIVITIES SUPPORT ONE OR MORE OF THE FOLLOWING: - IMPACT HEALTH STATUS 1. ACCESSIBLE TO THE ENTIRE COMMUNITY REGARDLESS OF ABILITY TO PAY 2. HEALTH PROMOTION 3. SOCIAL DETERMINANTS OF HEALTH - CORPORATE CITIZENSHIP - ACTIVITIES CAN BE: 1. DIRECT PROGRAM IMPLEMENTATION 2. IN-KIND SUPPORT/INVOLMENT (HUMAN RESOURCES) 3. FINANCIAL CONTRIBUTIONS 4. DONATION OF MATERIALS AND EQUIPMENT 5. EMPLOYEE VOLUNTEERISM IN THE COMMUNITY

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Form and Line Reference	Explanation
FORM 990 SCH H PART VI LINE 3	EVERY PATIENT IS MADE AWARE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE UPON CHECK-IN. SIGNS THAT ARE OF NOTICEABLE SIZE AND PLACEMENT ARE DISPLAYED IN EACH CHECK-IN AREA. PATIENTS ARE OFFERED A BROCHURE EXPLAINING THE FINANCIAL ASSISTANCE PROGRAM. PATIENTS THAT MEET WITH FINANCIAL COUNSELORS EITHER BY REFERRAL FROM A DEPARTMENT, OR SELF-REFERRAL ARE INFORMED OF THE FINANCIAL ASSISTANCE PROGRAM. FINANCIAL ASSISTANCE INFORMATION IS POSTED ON GLMC WEBSITE. INFORMATION IS ALSO POSTED IN NOT-FOR-PROFIT ORGANIZATIONS WHERE PATIENTS MIGHT SEEK ASSISTANCE FOR NON-MEDICAL FINANCIAL OBLIGATIONS.
FORM 990 SCH H PART VI LINE 4	GUNDERSEN LUTHERAN MEDICAL CENTER INC. IS A MAJOR TERTIARY TEACHING HOSPITAL IN THE GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. LOCATED IN LA CROSSE, WI, THE HOSPITAL SERVES PATIENTS FROM THE LA CROSSE AND SURROUNDING AREAS INCLUDING THE 21 COUNTIES IN WESTERN WISCONSIN, SOUTHEASTERN MINNESOTA, AND NORTHEASTERN IOWA. LA CROSSE COUNTY, WITH A POPULATION OF APPROXIMATELY 120,955 PEOPLE, IS THE LARGEST COMMUNITY IN OUR SERVICE AREA. TOTAL 21 COUNTY SERVICE POPULATION IS APPROXIMATELY 611,658 WITH AN AVERAGE HOUSEHOLD INCOME OF $69,076. 13.7% OF THE 21 COUNTY SERVICE AREA POPULATION IS COVERED BY MEDICAID. THE PROJECTED FIVE-YEAR POPULATION GROWTH IS .96%. 20.3% OF THE POPULATION ARE AGE 17 OR YOUNDER. THE SERVICE AREA POPULATION OF 65 AND OLDER ADULTS IS 19.8%. 7.98% OF THE POPULATION IS NON-WHITE. SEVERAL SMALLER RURAL COMMUNITY HOSPITALS ARE LOCATED THROUGHOUT THE REGION. GUNDERSEN TRI-COUNTY HOSPITAL IN WHITEHALL, WI, GUNDERSEN ST. JOSEPH'S HOSPITAL IN HILLSBORO, WI, GUNDERSEN PALMER LUTHERAN HEALTH CENTER IN WEST UNION, IA, AND GUNDERSEN BOSCOBEL AREA HOSPITAL IN BOSCOBEL, WI ARE PARTNERS/AFFILIATES OF THE GUNDERSEN HEALTH SYSTEM. SPECIALIZED SERVICES PERFORMED AT THE GUNDERSEN LUTHERAN MEDICAL CENTER AND IN MANY CASES, OUTREACH AT OUR REGIONAL CLINIC/HOSPITAL PARTNERS LOCATIONS INCLUDE ALLERGY, AUDIOLOGY, BEHAVIORAL MEDICINE, CARDIOLOGY, CARDIO TESTING LAB, CATH LAB, DERMATOLOGY, ECHOCARDIOGRAPHY, ENDOCRINOLOGY, ENDODONTICS, EXERCISE PHYSIOLOGY, GASTROENTEROLOGY, HEMATOLOGY, HOSPITALIST, INFECTIOUS DISEASE, NEPHROLOGY, NEUROLOGY, NEUROPSYCHOLOGY, NUTRITION THERAPY, OB/GYN, OCCUPATIONAL SERVICES, ONCOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, PATHOLOGY, PEDIATRICS, PERIODONTICS, PHYSICAL MEDICINE AND REHAB, PHYSICAL THERAPY, PLASTIC SURGERY, PODIATRY, PROSTHODONTICS, PSYCHIATRIC, PULMONARY, RENAL DIALYSIS, RHEUMATOLOGY, SPEECH PATHOLOGY, SPORTS MEDICINE, SURGERY, AND UROLOGY. GUNDERSEN PROVIDED CHARITY CARE AND OTHER COMMUNITY BENEFITS AS DEFINED BY THE IRS. OUR HOSPITAL, LIKE MOST COMMUNITY HOSPITALS, WAS CREATED AND IS MAINTAINED IN ORDER TO PROVIDE CARE LOCALLY, CARE THAT WITHOUT OUR HOSPITAL MAY NOT BE AVAILABLE.

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Form and Line Reference	Explanation
FORM 990 SCH H PART VI LINE 5	GUNDERSEN'S BOARD OF TRUSTEES IS COMPRISED OF INDIVIDUALS FROM THE COMMUNITY WHO RESIDE HERE. THESE INDIVIDUALS ARE NOT EMPLOYEES OF THE HEALTH SYSTEM. THIS GROUP WORKS WITH THE BOARD OF GOVERNORS, MAKING DECISIONS THAT SUPPORT THE COMMUNITY-BASED MISSION AND VISION OF OUR ORGANIZATION. MANY OTHER EXAMPLES EXIST REFLECTING THE HEALTH SYSTEM'S SUPPORT AND PROMOTION OF THE HEALTH OF THE COMMUNITY. MANY PROGRAMS FOR THE COMMUNITY ARE PROVIDED AT NO COST SUCH AS A PHYSICAL ACTIVITY CHALLENGE, ACES TRAINING FOR COMMUNITY MEMBERS, CHILD RESILIENCE TRAINING FOR PARENTS, AND HEALTH SCREENINGS AT LOCAL EVENTS. A FREE NURSE ADVISOR LINE IS AVAILABLE FOR ALL TO ASSIST CALLERS. PRIORITY ONE DESIGNATION ASSURES HEART ATTACK PATIENTS SEEN IN HOSPITALS THROUGHOUT THE REGION ARE CARED FOR WITH PROVEN PROTOCOLS AND TIMELY PROCEDURES. GUNDERSEN STAFF ARE ENCOURAGED TO PARTICIPATE IN THEIR LOCAL COMMUNITY ORGANIZATIONS. STAFF LEND THEIR EXPERTISE IN LEADERSHIP POSITIONS TO ORGANIZATIONS SUCH AS UNITED WAY, HEALTH MISSION, CHAMBER OF COMMERCE, HUMAN SERVICE ORGANIZATIONS, HEALTH IMPROVEMENT INITIATIVES, AND HOMELESSNESS INITIATIVES. STAFF FROM GUNDERSEN HAVE BEEN INSTRUMENTAL IN ACCOMPLISHING COMMUNITY NEEDS ASSESSMENTS AND IMPLEMENTATION OF COMMUNITY INITIATIVES IN AREAS OF OBESITY, ALCOHOL USE, CHILD SAFETY, MENTAL HEALTH, DOMESTIC VIOLENCE, CHILD ABUSE AND ENVIRONMENTAL HEALTH. PATIENT ADVISORY GROUPS FROM VARIOUS SECTORS OF OUR COMMUNITY ARE COORDINATED IN ORDER FOR US TO BETTER MEET THE NEEDS OF OUR PATIENTS.
FORM 990 SCH H PART VI LINE 6	ALL AFFILIATES OF THE HEALTH SYSTEM HAVE A RESPONSIBILITY TO PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE. THE MAJORITY OF EMPLOYEES, BASED IN THE ADMINISTRATIVE CORPORATION, ARE ACTIVELY INVOLVED IN PROGRAMS AND SERVICES FOR THE COMMUNITY AS WELL AS MAINTAINING PARTNERSHIPS WITH A VARIETY OF ORGANIZATIONS, COALITIONS, INITIATIVES AND AGENCIES IN OUR COMMUNITIES THAT PROMOTE HEALTH. THE ADMINISTRATIVE CORPORATION ALSO PROVIDES THE FINANCIAL CORPORATE CONTRIBUTIONS TO VARIOUS ORGANIZATIONS AND COMMUNITY ACTIVITIES. OUR FOUNDATION PROVIDES SUPPORT FOR SOME COMMUNITY HEALTH PROMOTION PROGRAMS AS WELL, PROVIDED BY THE HEALTH SYSTEM OR OTHER ORGANIZATIONS IN OUR COMMUNITY. CLINICAL STAFF SUPPORT SCREENINGS AND VOLUNTEER AT THE HEALTH MISSION. OUR LOCAL RURAL HOSPITAL AFFILIATES PROVIDE SUPPORT TO THEIR RESPECTIVE COMMUNITIES. OUR CLINICS, LOCATED IN OVER 30 COMMUNITIES IN 3 STATES, PROVIDE SUPPORT UNIQUE TO THE NEEDS OF THAT COMMUNITY. THE MEDICAL CENTER, AS PART OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, WORKS WITH AND IS RELATED TO GUNDERSEN CLINIC, LTD. WHICH PROVIDED UNCOMPENSATED CARE IN THE AMOUNT OF APPROXIMATELY $36,690,512. BASED ON POLICIES AND CONTRACTS ARRANGED TO HELP SUPPORT THE COMMUNITY'S NEEDS RELATED TO HEALTH CARE SERVICES, THE SUM OF UNREIMBURSED MEDICARE & MEDICAID COSTS PLUS CHARITY AT COST WAS $36,690,512. ALL OF THESE ARE CALCULATED USING THE SAME METHOD UTILIZED FOR THE HOSPITAL CALCULATION OF CHARITY COST AND UNREIMBURSED MEDICARE AND MEDICAID COSTS. THE COST OF CHARITY IS CALCULATED BY FOLLOWING THE METHODOLOGY ON WORKSHEET 1. THE COST TO CHARGE RATIO IS CALCULATED FOLLOWING THE METHODOLOGY ON WORKSHEET 2. THE UNREIMBURSED MEDICARE AND MEDICAID COSTS ARE CALCULATED BY COMPARING THE COST OF SERVICES TO MEDICARE AND MEDICAID PATIENTS TO THE NET REVENUE FOR THOSE SAME PATIENTS. UNREIMBURSED COST IS THE AMOUNT THE COST EXCEEDS THE NET REVENUE. AMOUNTS ARE REPORTED IN THE SEPARATE 990 FOR GUNDERSEN CLINIC, LTD. AFFILIATED ENTITY CHARITY CARE AN AFFILIATE OF GUNDERSEN LUTHERAN MEDICAL CENTER, INC., GUNDERSEN CLINIC LTD., IS NOT REQUIRED TO FILE SCHEDULE H OF FORM 990. GUNDERSEN CLINIC,LTD. PROVIDED COMMUNITY BENEFIT OF: CHARITY AT COST $567,584 MEDICARE UNREIMBURSED COST $25,238,751 MEDICAID UNREIMBURSED COST $10,884,177

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Form and Line Reference	Explanation
FORM 990 SCH H PART VI LINE 7	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT: WI

Additional Data

Software ID:

Software Version:

EIN: 39-0813416

Name: GUNDERSEN LUTHERAN MEDICAL CENTER INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	GUNDERSEN LUTHERAN MED CENTER INC 1910 SOUTH AVENUE LA CROSSE, WI 54601 WWW.GUNDERSENHEALTH.ORG WI License #23	X	X		X		X	X			

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 3J	THE COMPASS NOW 2018 PROCESS USED A VARIETY OF DATA COLLECTION METHODS TO CREATE AN OVERALL DEPICTION OF THE ISSUES FACING OUR COMMUNITIES. THESE METHODS INCLUDED A RANDOM HOUSEHOLD SURVEY, CONVENIENCE SURVEY, COMMUNITY CONVERSATIONS, AND AN EXTENSIVE REVIEW OF SOCIOECONOMIC INDICATORS, WHICH PROVIDES AN INVENTORY OF COMMUNITY RESOURCES. THE DATA COLLECTED DURING COMPASS NOW 2018 GUIDE FOUR PILLAR PROFILES. THESE ARE REFERRED TO AS PILLARS BECAUSE THEY CREATE THE BUILDING BLOCKS FOR A BETTER LIFE. THE PILLARS OF COMPASS NOW 2018 ARE COMMUNITY, EDUCATION, INCOME/ECONOMIC, AND HEALTH. THE PROFILES DESCRIBE OUR COMMUNITY WITH REGARDS TO THE KEY ISSUES OF EACH AREA. EACH PROFILE PULLS KEY INDICATOR DATA AND COMPASS SURVEY RESULTS INTO A NARRATIVE FORMAT THAT IS INTENDED TO PROVIDE A CONTEXT TO THE DATA FOUND IN THE INDICATOR REPORT, MAKING THE DATA EASY TO NAVIGATE.

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 5	THE NEEDS ASSESSMENT PROCESS USED MANY SOURCES OF INFORMATION TO UNDERSTAND THE NEEDS OF T HE REGION. THE KEY DATA SOURCE WAS THE RANDOM HOUSEHOLD SURVEY (RHS). THE RANDOM HOUSEHOLD SURVEY WAS MAILED TO A RANDOM SELECTION OF 5,450 HOUSEHOLDS THROUGHOUT THE REGION IN JULY AND AUGUST OF 2016. AFTER REVIEWING THE DEMOGRAPHICS OF THE RANDOM HOUSEHOLD SURVEY, THE STEERING COMMITTEE DETERMINED WHOSE VOICES WERE MISSING. A PLAN WAS DEVELOPED TO CONDUCT A CONVENIENCE SURVEY (CS) TO CAPTURE THE OPINIONS OF THE GROUPS OF PEOPLE WHO DID NOT RESPO ND TO THE RANDOM HOUSEHOLD SURVEY TO ENSURE THAT THEIR VOICE WAS HEARD. STEERING COMMITTEE MEMBERS AND OTHER COMMUNITY PARTNERS COLLECTED RESPONSES TO THE CONVENIENCE SURVEY THROUG H ORGANIZATIONS THAT WERE ASKED TO REACH OUT TO AND SHARE THEIR EXPERTISE ABOUT POPULATION S THAT MAY BE UNDER-REPRESENTED. THE FOLLOWING ORGANIZATIONS WERE ASKED TO PARTICIPATE IN THE PROCESS BY SOLICITING CONVENIENCE SURVEY RESPONSES, HOLDING FOCUS GROUPS, AND/OR ATTEN DING STAKEHOLDER MEETINGS. ORGANIZATIONS INCLUDED IN THE CONVENIENCE SURVEY PROCESS INCLUD ED THOSE REPRESENTING: PEOPLE WITH DISABILITIES; AGING POPULATION; LOW-INCOME POPULATION; CHILDREN-YOUTH-FAMILIES; RACIAL AND ETHNIC MINORITIES; VICTIMS OF DOMESTIC VIOLENCE, SEXUA L VIOLENCE, TRAFFICKING; AND, LGBTQ+ COMMUNITY. THE DATA WORKGROUP OVERSAW THE ANALYSIS OF THE DATA AND REVIEWED THE RESULTS UNDER THE GUIDANCE OF DR. LAURIE MILLER AT THE UNIVERSI TY OF WISCONSIN-LA CROSSE. TO ADD TO THE SURVEY DATA, THE DATA WORKGROUP WAS TASKED WITH C OLLECTING EXISTING DATA FROM FEDERAL, STATE, AND LOCAL SOURCES. THIS DATA INCLUDED INFORMA TION ABOUT DEMOGRAPHICS, HEALTH, SOCIAL FACTORS, ECONOMIC FACTORS, AND MANY OTHER TOPICS. BECAUSE NUMBERS-BASED DATA ONLY TELLS PART OF A STORY, THE NEEDS ASSESSMENT PROCESS ALSO I NCLUDED HOLDING COUNTY-BASED FOCUS GROUPS. FOCUS GROUPS ARE USUALLY SMALL GROUPS OF PEOPLE WHOSE OPINIONS ARE GATHERED THROUGH A GUIDED DISCUSSION. FOCUS GROUPS WERE HELD IN ALL SI X COUNTIES AND WITH GENERAL COMMUNITY MEMBERS, STUDENTS, FAMILY ADVISORY COUNCILS, LATINO COMMUNITY MEMBERS, SERVICE PROVIDERS, AND HMONG COMMUNITY MEMBERS. THE STEERING COMMITTEE AND DATA WORKGROUP REVIEWED ALL OF THE DATA COLLECTED IN STEP 1 AND ORGANIZED INTO UNDERST ANDABLE PRESENTATIONS THAT WERE PRESENTED AT STAKEHOLDER MEETINGS. TO DETERMINE REGIONAL A ND COUNTY-SPECIFIC NEEDS, THE NEEDS ASSESSMENT PROCESS INCLUDED STAKEHOLDER MEETINGS. EVER Y COUNTY HELD AT LEAST ONE COUNTY STAKEHOLDER MEETING, EXCEPT FOR VERNON COUNTY, AND THE D ATA WORKGROUP ALSO HOSTED A REGIONAL WEBINAR. THE MEETINGS PRESENTED DATA THAT HAD BEEN GA THERED ABOUT EACH COUNTY AND THE REGION. COMMUNITY MEMBERS AT THE MEETINGS GENERATED IDEAS OF THE TOP NEEDS OF THEIR COMMUNITY AND VOTED TO PRIORITIZE THE NEEDS BASED ON THE DATA P RESENTED AND THEIR PERSONAL KNOWLEDGE OF THE COMMUNITY. RESULTS WERE TABULATED AND THE TOP NEEDS WERE IDENTIFIED FOR EACH COUNTY AND THE REGION; THE REGIONAL PRIORITIES WERE DETERM INED BY COMBINING ALL OF THE C

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 5	OUNTY-LEVEL RESULTS AND THE RESULTS OF THE REGIONAL WEBINAR. THE GUNDERSEN COMMUNITY HEALT H NEEDS ASSESSMENT UTILIZES THE COMPASS NOW COLLABORATIVE ASSESSMENT THAT INCLUDES 6 COUNT IES IN OUR SERVICE AREA, REPRESENTING 74% OF OUR HOSPITAL SERVICE PATIENT POPULATION, AND 43% OF THE OVERALL POPULATION OF OUR 21-COUNTY SERVICE REGION. BECAUSE THE GUNDERSEN HEALT H SYSTEM SERVES A BROADER GEOGRAPHIC AREA THAN THE PRIMARY 6 COUNTY AREA INCLUDED IN THE C OMPASS NOW 2018 REPORT, AN ADDITIONAL ANALYSIS, THE 21-COUNTY HEALTH INDICATOR ASSESSMENT WAS COMPLETED TO IDENTIFY UNIQUE CHARACTERISTICS AND NEEDS OF ITS COUNTIES SERVED CONSIDER ED IN THE DEVELOPMENT OF THE COMMUNITY HEALTH IMPLEMENTATION PLAN. THE 21-COUNTY HEALTH IN DICATOR REPORT CONCURRED WITH THE COMPASS ASSESSMENT PRIORITIES. HOWEVER, REVIEWING THE BR OADER 21-COUNTY REGION ASSESSMENT REVEALED A SIGNIFICANT NEED NOT IDENTIFIED AS A PRIORITY WITHIN THE COMPASS PROCESS - OBESITY AND DIABETES. INDIVIDUALS CONSULTED: LINDSAY MENARD, MPH - LA CROSSE COUNTY HUMAN SERVICES; LIZ EVANS, GREAT RIVERS UNITED WAY; DR. LAURIE MIL LER, UNIVERSITY OF WISCONSIN - LA CROSSE; ANDREA GROMOSKE, MSW, PHD - GROMOSKE CONSULTING, LLC; ADRIANNE OLSON; BARB BARCZAK - TREMPEALEAU COUNTY HEALTH DEPARTMENT; PAULINE BYAM - MAYO CLINIC HEALTH SYSTEM; JESSIE CUNNINGHAM - VERNON MEMORIAL HEALTHCARE; KAYLEIGH DAY - MONROE COUNTY HEALTH DEPARTMENT ; KAREN EHLE - TRAASTAD - VERNON COUNTY UW-EXTENSION; LIZ EVANS - GREAT RIVERS UNITED WAY; SARAH HAVENS - GUNDERSEN HEALTH SYSTEM; DAN HOWARD - GUND ERSEN ST. JOSEPH'S HOSPITAL AND CLINICS; BETH JOHNSON - VERNON COUNTY HEALTH DEPARTMENT ; MARY KESSENS - APTIV, INC.; CATHERINE KOLKMEIER - LA CROSSE MEDICAL HEALTH SCIENCE CONSORT IUM; JOE LARSON - LA CROSSE COUNTY HEALTH DEPARTMENT; APRIL LOEFFLER - BUFFALO COUNTY HEAL TH DEPARTMENT; HEATHER MYHRE - HOUSTON COUNTY HEALTH DEPARTMENT; ERIC PRISE -TOMAH MEMORIA L HOSPITAL; JEN ROMBALSKI - LA CROSSE COUNTY HEALTH DEPARTMENT; SHELLY TEADT-COULEECAP; MA RY KAY WOLF-GREAT RIVERS UNITED WAY; NOELLE GRIFFITHS - GREAT RIVERS UNITED WAY; MADISON N EECE - GREAT RIVERS UNITED WAY; SHELLY TEADT - COULEECAP; SARA THOMPSON - MAYO CLINIC HEAL TH SYSTEM; CASEY MROZEK - BUFFALO COUNTY HEALTH DEPARTMENT; AMANDA SEBAL - GUNDERSEN HEALT H SYSTEM; JULIE ANDERSON - MONROE COUNTY HEALTH DEPARTMENT; PAT MALONE - TREMPEALEAU COUNT Y HEALTH DEPART MENT ; JESSIE CUNNINGHAM - VERNON MEMORIAL HEALTHCARE; CHRISTINE DEAN - GU NDERSEN ST. JOSEPH'S HOSPITAL AND CLINICS.

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 6A	HOSPITALS INCLUDED ARE MAYO CLINIC HEALTH SYSTEM - LA CROSSE, TOMAH MEMORIAL HOSPITAL, VERNON MEMORIAL HOSPITAL, GUNDERSEN ST. JOSEPH'S HOSPITAL AND CLINICS, AND GUNDERSEN TRI-COUNTY HOSPITAL AND CLINICS.

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 6B	OTHER ORGANIZATIONS INCLUDE GREAT RIVERS UNITED WAY, LA CROSSE COUNTY HEALTH DEPARTMENT, BUFFALO COUNTY HEALTH DEPARTMENT, MONROE COUNTY HEALTH DEPARTMENT, VERNON COUNTY HEALTH DEPARTMENT, HOUSTON COUNTY HEALTH DEPARTMENT, TREMPEALEAU COUNTY HEALTH DEPARTMENT, 7 RIVERS ALLIANCE, INTERNATIONAL QUALITY HOMECARE, APTIV, INC., LA CRESCENT-HOKAH PUBLIC SCHOOLS, BIG BROTHERS BIG SISTERS OF THE 7 RIVERS REGION, LA CROSSE COMMUNITY FOUNDATION, BLUFF COUNTRY FAMILY RESOURCES, LA CROSSE COUNTY BOARD, CALEDONIA ARGUS NEWSPAPER, CALEDONIA BOY SCOUTS, LA CROSSE COUNTY HUMAN SERVICES DEPARTMENT; CALEDONIA ECONOMIC DEVELOPMENT AUTHORITY, LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM, CALEDONIA PUBLIC SCHOOLS, LA CROSSE TASK FORCE TO ERADICATE MODERN SLAVERY, CITY OF CALEDONIA LIFESTYLE FITNESS, CITY OF HOUSTON, CITY OF LA CROSSE NEIGHBORS IN ACTION, COMMUNITY MEMBERS NEW BEGINNINGS CHRISTIAN FELLOWSHIP, COULEE REGION RSVP, ONALASKA PUBLIC SCHOOLS, CREST INN, RED CROSS, ESB BANK, SALVATION ARMY, ESSENTIAL HEALTH CLINIC, SCHOOL DISTRICT OF HOLMEN, FAMILIES FIRST OF MONROE COUNTY, SEMCAC, FAMILY & CHILDREN'S CENTER, SHERIFF'S OFFICE, GATEWAY AREA COUNCIL-BOY SCOUTS OF AMERICA, SPRING GROVE HERALD, GREAT RIVERS HUB, SPRING GROVE PUBLIC LIBRARY, THE PARENTING PLACE, HERMAN DENTAL, UNIVERSITY OF WISCONSIN-LA CROSSE, HMOOB CULTURAL & COMMUNITY AGENCY, VITERBO UNIVERSITY, HOUSTON PUBLIC SCHOOLS WAFER, HUNGER TASK FORCE OF LA CROSSE, WI DEPARTMENT OF HEALTH SERVICES, WKBT NEWS 8, IMMANUEL LUTHERAN CHURCH, WORKFORCE CONNECTIONS, LNCLUSA, AND YMCA, INDEPENDENT LIVING RESOURCES.

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 7	7A: HTTPS://WWW.GUNDERSENHEALTH.ORG/APP/FILES/PUBLIC/10610/COMMUNITY-HEALTH-NE EDS-ASSESSMENT-SUMMARY-2018.PDF AND HTTPS://WWW.GUNDERSENHEALTH.ORG/APP/FILES/PUBLIC/10609/COMMUNITY-NEEDS-2018-21-COUNTY-HEALTH-INDICATOR-ASSESSMENT.PDF 7B: OTHER WEBSITE HTTPS://WWW.GREATRIVERSUNITEDWAY.ORG/OUR-WORK/COMMUNITY-NEEDS-ASSESSMENT/ 7C: PAPER COPY: AVAILABLE IN 5 MOONEY LIBRARIES LOCATED AT OUR LA CROSSE AND ONALASKA CAMPUS AND UPON REQUEST 7D: AVAILABLE BY CONTACTING SARAH HAVENS, PHONE (608) 775-6580 OR (800) 362-9567, EXT. 56580 OR EMAIL SJHAVENS@GUNDERSENHEALTH.ORG.

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V, SECTION B	10A: IMPLEMENTATION STRATEGY URL: https://www.gundersenhealth.org/app/files/public/10611/community-health-ne eds-implementation-plan-2019-2021.pdf

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 11	THE COMPASS NOW 2018 PRIORITIZED NEEDS ARE: - MORE LIVABLE WAGE JOBS (INCORPORATES SOCIAL DETERMINANTS OF HEALTH) - IMPROVED MENTAL HEALTH AND INCREASED ACCESS TO MENTAL HEALTHCARE SERVICES - REDUCED DRUG AND ALCOHOL MISUSE AND ABUSE - INCREASED WRAPAROUND SUPPORT THROUGHOUT THE LIFESPAN - INCREASED INCLUSION OF SOCIALLY DIVERSE PEOPLE THE ABOVE PRIORITIZED NEEDS, ALONG WITH THE ADDITIONAL OBESITY AND DIABETES ISSUE ARE ADDRESSED IN OUR COMMUNITY HEALTH IMPLEMENTATION PLAN (WE ARE STRIVING TO IMPACT EACH OF THESE IDENTIFIED NEEDS.) HTTPS://WWW.GUNDERSENHEALTH.ORG/APP/FILES/PUBLIC/10611/COMMUNITY-HEALTH-NE EDS-IMPLEMENTATIONPLAN-2019-2021.PDF IN ADDITION, GUNDERSEN HEALTH SYSTEM HAS ESTABLISHED 4 POPULATION HEALTH INITIATIVES THAT INTERSECT OR MIRROR THE IDENTIFIED NEED PRIORITIES. THESE INITIATIVES ARE: 1. ADVERSE CHILDHOOD EXPERIENCES (ACES)/ TRAUMA INFORMED CARE (TIC) 2. HOMELESSNESS (AND OTHER SOCIAL DETERMINANTS OF HEALTH) 3. SUBSTANCE ABUSE/MENTAL HEALTH 4. CHRONIC ILLNESS (POPULATION MEDICINE) OUR PLAN INCORPORATES 4 OVERARCHING GOALS THAT BLEND THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED PRIORITIES AND OUR POPULATION HEALTH INITIATIVES: - AUGMENT AND DISSEMINATE WRAP AROUND SERVICES FOR CHILDREN AND ADULTS THAT WILL IMPROVE SELECTED OUTCOMES (INCLUDES ACTION STEPS TO INCREASE INCLUSION OF SOCIALLY DIVERSE PEOPLE) - REDUCE NUMBER OF DEATHS DUE TO POOR MENTAL HEALTH AND SUBSTANCE ABUSE AND REDUCE THE NUMBER OF POOR MENTAL HEALTH DAYS - LEVERAGE COMMUNITY PARTNERSHIPS TO ADDRESS OBESITY AND IMPROVE OUTCOMES AMONG PATIENTS WITH DIABETES - REDUCE THE IMPACT OF POVERTY ON POOR HEALTH BY PARTNERING WITH COMMUNITIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 13C	GHS PATIENTS NOT MEETING FINANCIAL ASSISTANCE ELIGIBILITY THRESHOLDS MAY BE ELIGIBLE FOR ASSISTANCE UNDER CIRCUMSTANCES WHEN GHS MEDICAL BILLS WOULD RESULT IN SEVERE FINANCIAL HARDSHIP. PATIENTS, OR THEIR GUARANTORS, MAY BE ELIGIBLE FOR CATASTROPHIC CARE ASSISTANCE IF THEY HAVE INCURRED OUT-OF-POCKET OBLIGATIONS RESULTING FROM MEDICAL SERVICES PROVIDED BY GHS THAT EXCEED 25% OF FAMILY INCOME AND HAVE ASSETS BELOW THE EQUIVALENT OF 600% OF THE FEDERAL POVERTY LEVEL THRESHOLD. PATIENTS, OR PATIENT GUARANTORS, MEETING ELIGIBILITY CRITERIA FOR CATASTROPHIC CARE WILL HAVE THEIR GHS CHARGES DISCOUNTED TO AN AMOUNT NOT TO EXCEED 25% OF FAMILY INCOME.

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 13H	GHS PATIENTS NOT MEETING FINANCIAL ASSISTANCE ELIGIBILITY THRESHOLDS MAY BE ELIGIBLE FOR A SSISTANCE UNDER CIRCUMSTANCES WHEN GHS MEDICAL BILLS WOULD RESULT IN SEVERE FINANCIAL HARD SHIP. PATIENTS, OR THEIR GUARANTORS, MAY BE ELIGIBLE FOR CATASTROPHIC CARE ASSISTANCE IF T HEY HAVE INCURRED OUT-OF-POCKET OBLIGATIONS RESULTING FROM MEDICAL SERVICES PROVIDED BY GH S THAT EXCEED 25% OF FAMILY INCOME AND HAVE ASSETS BELOW THE EQUIVALENT OF 600% OF THE FED ERAL POVERTY LEVEL THRESHOLD. PRESUMPTIVE ELIGIBILITY: GHS UNDERSTANDS THAT NOT ALL PATIEN TS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOC UMENTATION. THERE MAY BE INSTANCES UNDER WHICH A PATIENT'S QUALIFICATION FOR FINANCIAL ASS ISTANCE IS ESTABLISHED WITHOUT COMPLETING THE FORMAL FINANCIAL ASSISTANCE APPLICATION. OTH ER INFORMATION MAY BE UTILIZED BY GHS TO DETERMINE WHETHER A PATIENT'S ACCOUNT IS UNCOLLEC TIBLE AND THIS INFORMATION WILL BE USED TO DETERMINE PRESUMPTIVE ELIGIBILITY. PRESUMPTIVE ELIGIBILITY MAY BE GRANTED TO PATIENTS BASED ON THEIR ELIGIBILITY FOR OTHER PROGRAMS OR LI FE CIRCUMSTANCES SUCH AS: 1. PATIENTS OR GUARANTORS WHO HAVE DECLARED BANKRUPTCY. IN CASES INVOLVING BANKRUPTCY, ONLY THE ACCOUNT BALANCE AS OF THE DATE THE BANKRUPTCY IS DISCHARGE D WILL BE WRITTEN OFF. 2. PATIENTS OR GUARANTORS WHO ARE DECEASED WITH NO ESTATE IN PROBAT E. 3. PATIENTS OR GUARANTORS DETERMINED TO BE HOMELESS. 4. ACCOUNTS RETURNED BY THE COLLEC TION AGENCY AS UNCOLLECTIBLE DUE TO ANY OF THE ABOVE REASONS. 5. PATIENTS OR GUARANTORS WH O QUALIFY FOR STATE MEDICAID PROGRAMS, WILL BE ELIGIBLE FOR ASSISTANCE FOR ANY COST-SHARIN G OBLIGATIONS ASSOCIATED WITH THE PROGRAM OR UNCOVERED SERVICES. GHS UNDERSTANDS THAT CERT AIN PATIENTS MAY BE NON-RESPONSIVE TO GHS'S APPLICATION PROCESS. UNDER THESE CIRCUMSTANCES , GHS MAY UTILIZE OTHER SOURCES OF INFORMATION TO MAKE AN INDIVIDUAL ASSESSMENT OF FINANCI AL NEED. THIS INFORMATION WILL ENABLE GHS TO MAKE AN INFORMED DECISION ON THE FINANCIAL NE ED OF NON-RESPONSIVE PATIENTS UTILIZING THE BEST ESTIMATES AVAILABLE IN THE ABSENCE OF INF ORMATION PROVIDED DIRECTLY BY THE PATIENT. GHS MAY UTILIZE A THIRD-PARTY TO CONDUCT AN ELE CTRONIC REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEA LTHCARE INDUSTRY-RECOGNIZED MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THIS PREDICTIV E MODEL INCORPORATES PUBLIC RECORD DATA TO CALCULATE A SOCIO-ECONOMIC AND FINANCIAL CAPACI TY SCORE THAT INCLUDES ESTIMATES FOR INCOME, ASSETS AND LIQUIDITY. THE ELECTRONIC TECHNOLO GY IS DESIGNED TO ASSESS EACH PATIENT TO THE SAME STANDARDS AND IS CALIBRATED AGAINST HIST ORICAL APPROVALS FOR GHS FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. T HE ELECTRONIC TECHNOLOGY, WHEN UTILIZED, WILL BE DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT AFT ER ALL OTHER ELIGIBILITY AND PAYMENT SOURCES HAVE BEEN EXHAUSTED. THIS ALLOWS GHS TO SCREE N ALL PATIENTS FOR FINANCIAL ASSISTANCE PRIOR TO PURSUING ANY EXTRAORDINARY COLLECTION ACT IONS. THE DATA RETURNED FROM T

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 13H	HIS ELECTRONIC ELIGIBILITY REVIEW WILL CONSTITUTE ADEQUATE DOCUMENTATION OF FINANCIAL NEED UNDER THIS POLICY. WHEN ELECTRONIC ENROLLMENT IS USED AS THE BASIS FOR PRESUMPTIVE ELIGIB ILITY, THE HIGHEST DISCOUNT LEVELS WILL BE GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY. IF A PATIENT DOES NOT QUALIFY UNDER THE ELECTRONIC ENROLLMENT PROC ESS, THE PATIENT MAY STILL BE CONSIDERED UNDER THE TRADITIONAL FINANCIAL ASSISTANCE APPLIC ATION PROCESS. GHS WILL PROVIDE PATIENTS NOT QUALIFYING FOR FINANCIAL ASSISTANCE THROUGH T HIS PROCESS WITH A WRITTEN NOTICE INFORMING THEM THAT FINANCIAL ASSISTANCE IS AVAILABLE. T HIS NOTICE WILL INCLUDE A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND AC TIONS TO BE TAKEN IF AN APPLICATION IS NOT SUBMITTED OR THE OUTSTANDING BALANCE PAID. PATI ENT ACCOUNTS GRANTED PRESUMPTIVE ELIGIBILITY WILL BE RECLASSIFIED UNDER THE FINANCIAL ASSI STANCE POLICY. THEY WILL NOT BE SENT TO COLLECTION, WILL NOT BE SUBJECT TO FURTHER COLLECT ION ACTIONS, WILL NOT BE SENT A WRITTEN NOTIFICATION OF THEIR ELECTRONIC ELIGIBILITY QUALI FICATION, AND WILL NOT BE INCLUDED IN THE HOSPITAL'S BAD DEBT EXPENSE.

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 15C	CONTACT INFO DETAILING PHONE NUMBER, PHYSICAL LOCATION OF FINANCIAL COUNSELORS, AND MAILING ADDRESS ARE INCLUDED IN THE FINANCIAL ASSISTANCE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, ON THE FINANCIAL ASSISTANCE WEBSITE (https://www.gundersenhealth.org/pay-my-bill/financial-assistance/), ON EVERY PATIENT STATEMENT, AND ON BROCHURES AT ALL REGISTRATION DESKS.

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 15E	APPLICATION REQUIREMENTS: ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE BASED ON FINANCIAL NEED AT THE TIME OF APPLICATION. IN GENERAL, DOCUMENTATION IS REQUIRED TO SUPPORT AN APPLICATION FOR FINANCIAL ASSISTANCE. IF ADEQUATE DOCUMENTATION IS NOT PROVIDED, GHS MAY SEEK ADDITIONAL INFORMATION. RELIABLE EVIDENCE TO SUPPORT THE NEED FOR FINANCIAL ASSISTANCE IS REQUIRED. THE FOLLOWING INCOME DOCUMENTATION IS REQUIRED FROM PATIENTS, OR THEIR GUARANTORS, TO DETERMINE ELIGIBILITY: 1. COPY OF THE FEDERAL TAX RETURN, AND ALL ATTACHED SCHEDULES, FROM THE MOST RECENT TAX YEAR 2. CURRENT PROOF OF INCOME (COPY OF MOST RECENT PAY STUBS OR OTHER DOCUMENTATION) 3. PROOF OF OTHER INCOME, INCLUDING UNEMPLOYMENT, WORKERS' COMPENSATION, ALIMONY, TRUST INCOME, VETERAN'S BENEFITS 4. CURRENT BANK STATEMENTS THE FOLLOWING ASSET DOCUMENTATION IS REQUIRED FROM PATIENTS, OR THEIR GUARANTORS, TO DETERMINE ELIGIBILITY: 1. CHECKING ACCOUNTS 2. SAVINGS ACCOUNTS 3. MONEY MARKET ACCOUNTS 4. CERTIFICATES OF DEPOSIT 5. ANNUITIES 6. NON-RETIREMENT INVESTMENT ACCOUNTS 7. RETIREMENT ACCOUNTS, INCLUDING PENSIONS 8. REAL ESTATE 9. OTHER ASSETS

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 16A, 16B, AND 16C	THE FAP: FAP APPLICATION AND PLAIN LANGUAGE SUMMARY OF THE FAP WERE AVAILABLE ON A WEBSITE: https://www.gundersenhealth.org/pay-my-bill/financial-assistance/

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

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

Form and Line Reference	Explanation
FORM 990 SCH H PART V LINE 20E	NOTIFICATION OF FINANCIAL ASSISTANCE: NOTIFICATIONS OF AVAILABILITY OF FINANCIAL ASSISTANCE ARE INCLUDED ON EVERY PATIENT STATEMENT, PROVIDED AT ADMISSION/CHECK-IN, ARE ANNOUNCED ON SIGNS AT EACH CHECK-IN AREA, AT BEDSIDE FOR PATIENTS DIRECTLY ADMITTED WHO MAY NOT HAVE MET WITH ADMISSIONS STAFF.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 22B	AMOUNT GENERALLY BILLED (AGB): THE AMOUNT GENERALLY BILLED IS THE EXPECTED PAYMENT FOR EMERGENCY OR MEDICALLY NECESSARY SERVICES FROM PATIENTS, AND/OR A PATIENT'S GUARANTOR. FOR QUALIFYING PATIENTS, THIS AMOUNT WILL NOT EXCEED A RATE THAT WILL BE DETERMINED UTILIZING A LOOK BACK METHOD DESCRIBED IN SECTION 1.501(R)-5(B)(3) OF THE INTERNAL REVENUE CODE. THE LOOK BACK METHOD WILL BE BASED ON ACTUAL PAST CLAIMS PAID TO GUNDERSEN BY MEDICARE FEE-FOR-SERVICE TOGETHER WITH ALL PRIVATE HEALTH INSURERS PAYING CLAIMS. THE CLAIMS TO BE INCLUDED IN THE AGB CALCULATION WILL BE CLAIMS ALLOWED DURING THE PRIOR CALENDAR YEAR. THE AMOUNTS FOR CO-INSURANCE, CO-PAYMENTS AND DEDUCTIBLES WILL BE INCLUDED IN THE NUMERATOR ALONG WITH THE MEDICARE FEE-FOR-SERVICE TOGETHER WITH ALL ALLOWED CLAIMS FROM PRIVATE HEALTH INSURERS. THE GROSS CHARGES FOR PAID CLAIMS WILL BE INCLUDED IN THE DENOMINATOR. THE AGB WILL BE CALCULATED ANNUALLY BY THE 45TH DAY FOLLOWING THE CLOSE OF THE PRIOR CALENDAR YEAR AND IMPLEMENTED BY THE 120TH DAY FOLLOWING THE CLOSE OF THE CALENDAR YEAR.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC

Employer identification number
39-0813416

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1) GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC 1836 SOUTH AVENUE LA CROSSE, WI 54601	39-1249705	501(C)(3)	16,166,652				OPERATING EXPNSE
(2) GUNDERSEN LUTHERAN HEALTH SYSTEM INC 1836 SOUTH AVENUE LA CROSSE, WI 54601	39-1866425	501(C)(3)	250,000				OPERATING EXPNSE

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CHARITY CARE	5261		8,760,355	BOOK	CHARITY CARE
(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
FORM 990, SCHEDULE I	ASSISTANCE WAS MADE TO BOTH RELATED ORGANIZATIONS AND INDIVIDUALS. THE FUNDS MADE TO RELATED ORGANIZATIONS ARE GIVEN TO HELP WITH OPERATING EXPENSES FOR EXPENSES RELATED TO RESIDENT DOCTORS, RESEARCH, AND FELLOWSHIPS. THE FUNDS MADE TO INDIVIDUALS ARE GIVEN TO HELP PAY FOR MEDICAL BILLS OWED TO GUNDERSEN LUTHERAN MEDICAL CENTER THROUGH A CHARITY CARE APPLICATION PROCESS. THESE FUNDS ARE MONITORED BY MANAGEMENT AND THE BOARD OF TRUSTEES.

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC

Employer identification number
39-0813416

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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
FORM 990 SCH J PART I LINE 1A AND LINE 3	ALL PERSONNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL CENTER, INC. ARE PERFORMED BY EMPLOYEES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICE, INC. AND ALL PAYMENTS TO VENDORS ARE MADE BY GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. FORM 990 SCH J PART I LINE 4A 2019 SEVERANCE PAYMENTS: ROSE ANN-LAURETO - $70,583
FORM 990 SCH J PART II	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. PROVIDES LEASED EMPLOYEES AND MANAGEMENT SERVICES TO GUNDERSEN LUTHERAN MEDICAL CENTER. THEREFORE THE AMOUNTS REPORTED ON SCHEDULE J REPRESENT REIMBURSEMENTS TO GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES PAID AN INDEPENDENT EMPLOYMENT AGENCY $151,990 FOR MARK TERESI'S SERVICES AS INTERIM CFO.

Additional Data

Software ID:
Software Version:
EIN: 39-0813416
Name: GUNDERSEN LUTHERAN MEDICAL CENTER 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)	0	0	0	0	0	0	0
	(ii)	916,996	0	5,192	40,600	20,002	982,790	0
1Kelley Bahr MD Board of Trustees - Member	(i)	0	0	0	0	0	0	0
	(ii)	352,500	2,500	5,192	40,600	54	400,846	0
2Jonathan Zlabek MD Board of Trustees - Member	(i)	0	0	0	0	0	0	0
	(ii)	336,996	6,500	4,928	40,600	21,502	410,526	0
3Gregory Thompson MD Bd Tste /Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	464,246	0	5,192	40,600	20,002	530,040	0
4Dana Benden MD Board of Trustees - Member	(i)	0	0	0	0	0	0	0
	(ii)	470,792	2,500	500	40,600	6,216	520,608	0
5Robyn Borge MD Board of Trustees - Member	(i)	0	0	0	0	0	0	0
	(ii)	267,500	2,500	4,192	38,882	54	313,128	0
6William Farrell Chief Business & Strategy Ofcr	(i)	0	0	0	0	0	0	0
	(ii)	391,500	0	19,502	29,400	54	440,456	0
7Marilu Bintz MD Chief Population Health Offcr	(i)	0	0	0	0	0	0	0
	(ii)	591,908	0	5,192	40,600	7,410	645,110	0
8Mary Ellen McCartney Chief Human Rsources Officer	(i)	0	0	0	0	0	0	0
	(ii)	339,186	0	500	40,600	13,598	393,884	0
9Michael Dolan MD EVP, Medical COO	(i)	0	0	0	0	0	0	0
	(ii)	593,116	4,000	0	40,600	25,334	663,050	0
10 Elizabeth Smith-Houskamp PhD RN Admin Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	432,500	0	4,692	40,600	54	477,846	0
11Gerald Oetzel Chief Financial Officer	(i)	0	0	0	0	0	0	0
	(ii)	454,234	0	40,653	40,600	12,668	548,155	0
12Mary Kuffel MD Medical Vice President	(i)	0	0	0	0	0	0	0
	(ii)	505,912	2,500	4,692	40,600	1,446	555,150	0
13P Michael Jacobs DPM Medical Vice President	(i)	0	0	0	0	0	0	0
	(ii)	381,496	0	4,692	40,600	21,496	448,284	0
14Todd Kowalski MD Medical Vice President	(i)	0	0	0	0	0	0	0
	(ii)	372,996	2,500	0	40,600	24,712	440,808	0
15Stephanie Carroll MD Medical Vice President	(i)	0	0	0	0	0	0	0
	(ii)	321,496	7,500	0	37,914	23,487	390,397	0
16Bryan Erdmann Administrative Vice President	(i)	0	0	0	0	0	0	0
	(ii)	265,097	0	2,884	39,331	25,394	332,706	0
17Michael McKee Administrative Vice President	(i)	0	0	0	0	0	0	0
	(ii)	220,496	0	500	32,842	24,628	278,466	0
18Lisa Wied Administrative Vice President	(i)	0	0	0	0	0	0	0
	(ii)	220,996	0	3,376	31,936	21,002	277,310	0
19Kraig Schuster Administrative Vice President	(i)	0	0	0	0	0	0	0
	(ii)	232,096	0	1,111	32,682	24,686	290,575	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				
21Kari Adank Vice President Compliance	(i)	0	0	0	0	0	0	0
	(ii)	210,246	0	0	30,994	21,952	263,192	0
1Pamela Maas VP Bus. Develmt/Mkting Officer	(i)	0	0	0	0	0	0	0
	(ii)	238,750	0	3,795	34,619	54	277,218	0
2Janine Luz Vice President Learning	(i)	0	0	0	0	0	0	0
	(ii)	175,994	3,000	2,967	26,354	14,678	222,993	0
3Mike O'Neill VP Strategy Execution	(i)	0	0	0	0	0	0	0
	(ii)	180,943	0	2,293	26,732	19,002	228,970	0
4Ellen Pedretti-Fendt VP Application Services	(i)	0	0	0	0	0	0	0
	(ii)	179,980	5,450	500	27,136	15,161	228,227	0
5Daniel P Breazeale Vice President Finance	(i)	0	0	0	0	0	0	0
	(ii)	229,946	0	35,130	24,512	19,002	308,590	0
6Christine Waller MD Medical Doctor	(i)	0	0	0	0	0	0	0
	(ii)	465,842	5,000	5,192	40,600	1,446	518,080	0
7David Morrison MD Medical Doctor	(i)	0	0	0	0	0	0	0
	(ii)	458,996	2,500	0	40,600	23,728	525,824	0
8Alan Pratt MD Medical Doctor	(i)	0	0	0	0	0	0	0
	(ii)	441,642	2,500	0	39,400	8,834	492,376	0
9Justin Shurts DO MEDICAL DOCTOR	(i)	0	0	0	0	0	0	0
	(ii)	371,496	2,500	37,987	40,600	23,711	476,294	0
10Jeffrey Thompson MD FORMER CEO	(i)	0	0	0	0	0	0	0
	(ii)	251,396	0	28,813	40,600	21,584	342,393	0
11Rose Ann-Laureto Chief Info Officer (Term 2019)	(i)	0	0	0	0	0	0	0
	(ii)	342,186	0	72,083	40,600	11,170	466,039	0
12Garith Steiner Vice President (Term 2019)	(i)	0	0	0	0	0	0	0
	(ii)	251,033	0	180	32,276	3,585	287,074	0
13Alaina Webb MD Medical Doctor	(i)	0	0	0	0	0	0	0
	(ii)	368,996	2,500	23,775	35,377	23,708	454,356	0
14MARK TERESI INTERIM CFO TERM 3/2019	(i)	151,990	0	0	0	0	151,990	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC

Employer identification number
39-0813416

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART I LINE 1	GUNDERSEN LUTHERAN MEDICAL CENTER (GLMC) ESTABLISHED IN 1899, PROVIDES ACUTE AND TERTIARY CARE FOR 21 COUNTIES LOCATED THROUGHOUT WESTERN WISCONSIN, NORTHEASTERN IOWA AND SOUTHEAST ERN MINNESOTA. GLMC IS A TEACHING HOSPITAL WITH 325 LICENSED BEDS AND A LEVEL II TRAUMA AN D EMERGENCY CENTER. OUR MISSION IS TO DISTINGUISH OURSELVES THROUGH EXCELLENCE IN PATIENT CARE, EDUCATION, RESEARCH AND IMPROVED HEALTH IN THE COMMUNITIES WE SERVE. WE WILL WORK AS A TEAM TO DEMONSTRATE OUR VALUES: INTEGRITY-PERFORM WITH HONESTY, RESPONSIBILITY AND TRAN SPARENCY, EXCELLENCE-ACHIEVE EXCELLENCE IN ALL ASPECTS OF DELIVERING HEALTHCARE, RESPECT-T REAT PATIENTS, FAMILIES AND COWORKERS WITH DIGNITY, INNOVATION-EMBRACE CHANGE AND NEW IDEA S, COMPASSION-PROVIDE COMPASSIONATE CARE TO PATIENTS AND FAMILIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IV LINE 24A	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. IS A PART OF GUNDERSEN LUTHERAN'S OBLIGAT ED GROUP (GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC., GUNDERSEN LUTHERAN MEDICAL CEN TER, INC., GUNDERSEN CLINIC, LTD., AND GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC.) AND TA X-EXEMPT DEBT RESIDES ON THE BALANCE SHEET OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. FEIN 39-1606449

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART V LINES 1 & 2	ALL PERSONNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL CENTER, INC. ARE PERFORMED BY EMPLOY EES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. AND ALL PAYMENTS TO VENDORS ARE MA DE BY GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. HENCE LINES 1 & 2 INDICATE ZERO (0) FILINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 2	MARK GLENDENNING AND GERALD ARNDT - BUSINESS RELATIONSHIP FORM 990 PART VI LINE 3 ALL MANA GEMENT AND PERSONNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL CENTER ARE PERFORMED BY EMPLO YEES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICE, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI 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 LINE 7A	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 7B	GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. THE PARENT CORPORATION AND SOLE MEMBER OF THE CORPO RATION, SHALL HAVE THE POWER TO RECOMMEND AND REVIEW, AS APPROPRIATE, AND APPROVE CERTAIN MATTERS. ARTICLES OF INCORPORATION MAY BE AMENDED BY VOTE OF THE SOLE MEMBER OF THE CORPOR ATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI 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 UPO N FURTHER REVIEW FROM THE CFO, AND/OR THE EXECUTIVE DIRECTOR FINANCE, THE 990S ARE APPROVE D AND FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 12C	GUNDERSEN LUTHERAN MEDICAL CENTER, 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 LINE 15A	ALL PERSONNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL CENTER, INC. ARE PERFORMED BY EMPLOY EES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. THE COMPENSATION OF THE CEO IS DET ERMINED 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 ORGANIZAT IONS AND CEO PERFORMANCE. MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE SUCH DI SCUSSIONS TAKE PLACE. RECOMMENDATIONS FOR COMPENSATION FOR THE ORGANIZATIONS' KEY MANAGEME NT EMPLOYEES ARE DEVELOPED ANNUALLY BY THE CEO, AFTER A REVIEW OF PERFORMANCE AND COMPARAB LE MARKET DATA. THE PROPOSED SALARIES ARE INDEPENDENTLY REVIEWED BY AN OUTSIDE AUDITING FI RM. THE COMPENSATION RECOMMENDATIONS, AUDIT REPORTS, ALONG WITH THE MARKET DATA, ARE PRESE NTED TO A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES. THE COMPENS ATION AMOUNTS ARE NOT EFFECTIVE UNTIL THE BOARD COMMITTEE APPROVES THEM. MEETING MINUTES A RE TAKEN AND KEPT AT THE MEETINGS WHERE THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 19	REQUESTS FOR ALL DOCUMENTS ARE MADE THROUGH THE LEGAL DEPARTMENT AND THE APPROPRIATE DOCUM ENTS ARE MADE AVAILABLE FOR INSPECTION IN THE LEGAL DEPARTMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VII SECTION A, LINE 1 & PART VI, SECTION A, LINE 3	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. PROVIDES LEASED EMPLOYEES AND MANAGEMENT SERVICES TO GUNDERSEN LUTHERAN MEDICAL CENTER. THEREFORE THE AMOUNTS REPORTED ON PART VII REPRESENT REIMBURSEMENTS TO GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VII LINE SECTION B LINE 1	ALL PAYMENTS TO VENDORS ARE MADE BY GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC.

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 PRIN CIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED HEALTH SERVICES TOTAL FEES:129933261

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED PROGRAM SERVICES TOTAL FEES:9437599

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING TOTAL FEES:520907

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
GUNDERSEN LUTHERAN MEDICAL CENTER INC

Employer identification number
39-0813416

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

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

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

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0813416
Name: GUNDERSEN LUTHERAN MEDICAL CENTER 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
1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1866425	SUPRTG ORG	WI	501(c)(3)	LINE 12B II	NA		No
1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1028657	HEALTH CARE	WI	501(c)(3)	LINE 3	GLHS		No
1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1249705	FOUNDATION	WI	501(c)(3)	LINE 7	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1606449	SUPTNG. ORG.	WI	501(c)(3)	LNE 12C III	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1856898	CREDENTIALING	WI	501(c)(3)	LINE 3	GLHS		No
18601 LINCOLN STREET WHITEHALL, WI 54773 39-0704510	HEALTH CARE	WI	501(c)(3)	LINE 3	GLHS		No
235 CAUSEWAY BLVD LA CROSSE, WI 54603 39-1962965	MDCL TRANSPOR	WI	501(c)(3)	LINE 10	GLHS		No
400 WATER AVENUE HILLSBORO, WI 54634 39-0929538	HEALTH CARE	WI	501(c)(3)	LINE 3	GLHS		No
400 WATER AVENUE HILLSBORO, WI 54634 39-1455787	FOUNDATION	WI	501(c)(3)	LINE 12A I	S JOSEPH HS		No
18601 LINCOLN STREET WHITEHALL, WI 54773 30-0093022	FOUNDATION	WI	501(c)(3)	LINE 3	TRI-COUNTY		No
205 PARKER STREET BOSCOBEL, WI 53805 39-0845590	HEALTH CARE	WI	501(c)(3)	LINE 3	GLHS		No
205 PARKER STREET BOSCOBEL, WI 53805 39-1688793	FUNDRAISING	WI	501(c)(3)	LINE 7	NA		No
205 PARKER STREET BOSCOBEL, WI 53805 45-0498844	FUNDRAISING	WI	501(c)(3)	LINE 7	NA		No
815 MAIN AVENUE S HARMONY, MN 55939 41-0711606	HEALTH CARE	MN	501(c)(3)	LINE 10	GLHS		No
125 FIFTH AVENUE SE SPRING GROVE, MN 55974 41-1565003	HEALTH CARE	MN	501(c)(3)	LINE 10	GLHS		No
235 CAUSEWAY BLVD LA CROSSE, WI 54601 39-1965415	MDCL TRNSPRT	WI	501(c)(3)	LINE 3	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1480826	HOUSING	WI	501(c)(3)	LN 12C III	GLHS		No
1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1751934	INDPNT LIVING	WI	501(c)(3)	LINE 10	LRHC		No
1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1586700	INDPNT LIVING	WI	501(c)(3)	IINE 10	LRHC		No
112 JEFFERSON STREET WEST UNION, IA 52175 42-1320763	HEALTH CARE	IA	501(c)(3)	LINE 3	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
112 JEFFERSON STREET WEST UNION, IA 52175 42-1032878	FOUNDATION	IA	501(c)(3)	LINE 7	PLHC		No
402 WEST LAKE STREET FRIENDSHIP, WI 53934 39-0944012	HEALTHCARE	WI	501(c)(3)	LINE 3	GLHS		No
402 WEST LAKE STREET FRIENDSHIP, WI 53934 39-1775074	FOUNDATION	WI	501(c)(3)	LINE 12A I	MNHC		No