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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 FOUNDATION INC
% GERALD OETZEL
Doing business as
GUNDERSEN MEDICAL FOUNDATION INC

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

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

D Employer identification number
39-1249705

E Telephone number
(608) 775-6600

G Gross receipts $ 37,787,661

F Name and address of principal officer:
STEPHEN B SHAPIRO MD
1836 SOUTH AVENUE
LA CROSSE, WI 54601

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.GUNDERSENHEALTH.ORG/FOUNDATION

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

L Year of formation: 1976

M State of legal domicile: WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE LIVES OF PATIENTS AND OUR LARGER COMMUNITY THROUGH MEDICAL EDUCATION, RESEARCH, OUTREACH, AND THE PHILANTHROPIC SUPPORT OF GUNDERSEN HEALTH SYSTEM.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	1,128
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,311
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-2,100

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	22,304,531	24,828,179
9	Program service revenue (Part VIII, line 2g)	3,375,827	3,164,816
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,555,443	2,680,740
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	844,244	920,129
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,080,045	31,593,864
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,315,566	2,072,198
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) ▶1,700,131		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,563,702	26,704,501
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	27,879,268	28,776,699
19	Revenue less expenses. Subtract line 18 from line 12	200,777	2,817,165

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	60,941,458	73,643,708
21	Total liabilities (Part X, line 26)	985,927	2,063,022
22	Net assets or fund balances. Subtract line 21 from line 20	59,955,531	71,580,686

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

****** 2020-11-09
Signature of officer Date

STEPHEN B SHAPIRO MD CHAIRMAN
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:

THE MISSION OF GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. IS TO IMPROVE THE LIVES OF PATIENTS AND OUR LARGER COMMUNITY THROUGH MEDICAL EDUCATION, RESEARCH, OUTREACH, AND THE PHILANTHROPIC SUPPORT OF GUNDERSEN HEALTH SYSTEM.

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: See Additional Data)	(Expenses $	15,252,375	including grants of $	1,275,320) (Revenue $	1,978,312)
4b	(Code: See Additional Data)	(Expenses $	5,976,980	including grants of $	494,855) (Revenue $	1,186,259)
4c	(Code: See Additional Data)	(Expenses $	2,072,198	including grants of $	171,564) (Revenue $	222,938)
4d	Other program services (Describe in Schedule O.)					
	(Expenses $	1,575,710	including grants of $	130,459) (Revenue $	283,547)	
4e	**Total program service expenses ▶**		24,877,263			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	83		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
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	23		
	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	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*				No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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	4,702,739	755,156

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GUNDERSEN LUTHERAN ADMINISTRATIVE S, 1900 SOUTH AVENUE LA CROSSE, WI 54601	PURCHASED SERVICES	28,949,473
DIGICOPY INC, 1052 MAIN STREET SUITE 207 STEVENS POINT, WI 54481	ORDER FULLFILLMENT	288,470
OSMOND FDN FOR THE CHILDREN OF THE, 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	CMN MEMBERSHIP	101,263

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 ▶ 3

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	419,610			
	d Related organizations	1d	17,472,528			
	e Government grants (contributions)	1e	1,476,533			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,459,508			
	g Noncash contributions included in lines 1a - 1f: $	1g	922,505			
	h **Total.** Add lines 1a-1f		24,828,179			
Program Service Revenue		Business Code				
	2a EDUCATION PROGRAMS	611600	1,978,312	1,978,312	0	0
	b RESEARCH PROGRAMS	541900	1,186,259	1,186,259	0	0
	c GLOBAL PARTNERS AND DEVELOPMENT PROGRAMS	624100	245	245	0	0
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		3,164,816			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,587,777			2,587,777
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		396,069			396,069
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	5,861,186			
	b Less: cost or other basis and sales expenses	7b	5,768,223			
	c Gain or (loss)	7c	92,963			
	d Net gain or (loss)		92,963			92,963
	8a Gross income from fundraising events (not including $ 419,610 of contributions reported on line 1c). See Part IV, line 18	8a	179,845			
	b Less: direct expenses	8b	221,905			
	c Net income or (loss) from fundraising events		-42,060			-42,060
	9a Gross income from gaming activities. See Part IV, line 19	9a	48,288			
	b Less: direct expenses	9b	719			
	c Net income or (loss) from gaming activities		47,569			47,569
	10a Gross sales of inventory, less returns and allowances	10a	709,190			
	b Less: cost of goods sold	10b	202,950			
	c Net income or (loss) from sales of inventory		506,240	506,240		
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATIVE SERVICES	900099	12,311		12,311	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		12,311			
	12 **Total revenue.** See instructions		31,593,864	3,671,056	12,311	3,082,318

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	1,783,572	1,783,572		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	288,626	288,626		
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	373,923		373,923	
b Legal	5,221	5,221		
c Accounting	1,150		1,150	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	179,670		179,670	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	355,895	248,504	0	107,391
12 Advertising and promotion	87,154	46,277	3,211	37,666
13 Office expenses	721,222	628,124	19,298	73,800
14 Information technology	151,322	89,248		62,074
15 Royalties	99,105	99,105		
16 Occupancy	96,672	96,672		
17 Travel	393,159	363,314	9,805	20,040
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	176,158	116,073	8,806	51,279
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	199,936	166,248	33,688	
23 Insurance	68,130	41,939	15,710	10,481
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GUNDERSEN LUTHER ADMN SVS	246,849	244,454	1,764	631
b MEMBERSHIP DUES & LICENSES	146,634	135,091	1,524	10,019
c LEASED EMPLOYEES	23,246,231	20,369,042	1,550,756	1,326,433
d ALL OTHER EXPENSES	156,070	155,753	0	317
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	28,776,699	24,877,263	2,199,305	1,700,131
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	1,264,911	2	3,365,149
	3	Pledges and grants receivable, net	2,317,827	3	2,728,436
	4	Accounts receivable, net	1,153,523	4	938,480
	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	1,279	8	0
	9	Prepaid expenses and deferred charges	160,788	9	181,043
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,254,679			
	b	Less: accumulated depreciation — 10b: 2,018,144	1,258,525	10c	1,236,535
	11	Investments—publicly traded securities	50,739,134	11	60,283,808
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	4,045,471	15	4,910,257
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	60,941,458	16	73,643,708
Liabilities	17	Accounts payable and accrued expenses	107,588	17	65,635
	18	Grants payable	181,747	18	92,647
	19	Deferred revenue	396,930	19	1,554,229
	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	299,662	25	350,511
	26	**Total liabilities.** Add lines 17 through 25	985,927	26	2,063,022
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	25,064,202	27	32,246,882
	28	Net assets with donor restrictions	34,891,329	28	39,333,804
		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	59,955,531	32	71,580,686
	33	Total liabilities and net assets/fund balances	60,941,458	33	73,643,708

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	31,593,864
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,776,699
3	Revenue less expenses. Subtract line 2 from line 1	3	2,817,165
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,955,531
5	Net unrealized gains (losses) on investments	5	9,904,239
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,096,249
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	71,580,686

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Julio Bird MD Medical Partner of Research	0.0 42.0				X			0	516,188	59,548
Gregory Thompson MD MEDICAL PARTNER OF MDCL ED	0.0 48.0				X			0	469,438	60,548
Sigurd Gundersen III Board of Directors - Chairman	2.0 42.8	X		X				0	459,996	59,548
Brian Sieck MD BOARD OF DIRECTORS - MEMBER	2.0 40.0	X						0	454,415	41,992
Elizabeth Smith-Houska Board of Directors - Member	2.0 48.5	X						0	437,192	40,600
Lori Rosenstein MD Board of Directors - Member	2.0 40.0	X						0	392,563	61,548
P Michael Jacobs DP Board of Directors - Member	2.0 40.0	X						0	386,188	62,048
Todd Mahr MD MDCL PARTNER OF PHILANTHROPY	0.0 40.0				X			0	274,800	60,444
Steven Callister PhD Senior Research Scientist	0.0 40.0					X		0	161,496	42,756
Paraic Kenny PhD Medical Research	0.0 40.0					X		0	164,492	30,968

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			
A Erik Gundersen MD BD OF DIRECTORS -VICE CHAIRMAN	2.0 40.0	X		X				0	149,731	44,128
John Schwartz EXECUTIVE DIRECTOR OF OPS	0.0 40.0				X			0	142,602	40,061
Andrew Borgert Data Scientist	0.0 40.0					X		0	155,803	24,033
Jennifer Kleven MD Board of Directors - Member	2.0 42.0	X						0	156,500	22,693
Thomas Harter PhD Clinical Enthicist	0.0 40.0					X		0	133,996	24,173
Steven Lovrich PhD Medical Research	0.0 40.0					X		0	106,996	34,898
Rosanne Schultz MPH Board of Directors - Member	2.0 40.0	X						0	84,399	32,194
Erik A Gundersen MD BORAD OF DIRECTORS - MEMBER	2.0 40.0	X						0	55,944	12,976
GERALD ARNDT BOARD OF DIRECTORS - MEMBER	2.0 7.0	X						0	0	0
JOHNNY BREVIK BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID STICKLER BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
ROBERT GOLDEN MD BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
LYNNETTA KOPP BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
THOMAS KOSTER BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
CHIP SCHILLING BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
DUSTIN CUNNINGHAM CFP BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
BETTY KABARA BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
GREGORY MARSO CPA MB BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
KATHY WIESER BOARD OF DIRECTORS	2.0 0.0	X						0	0	0
MIKE BINSFELD BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA NICK BOARD OF DIRECTORS - MEMBER	2.0 0.0	X						0	0	0
THOMAS BROCK BOARD OF DIRECTORS - MEMBER	2.0 0.0	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 FOUNDATION INC

Employer identification number
39-1249705

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

The organization is not a private foundation because it is: (For lines 1 through 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.") . .	15,434,724	19,114,838	22,517,288	22,304,531	24,828,179	104,199,560
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	15,434,724	19,114,838	22,517,288	22,304,531	24,828,179	104,199,560
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). .						66,012,350
6 **Public support.** Subtract line 5 from line 4.						38,187,210

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. .	15,434,724	19,114,838	22,517,288	22,304,531	24,828,179	104,199,560
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,157,518	1,487,413	1,612,560	1,688,872	2,983,846	8,930,209
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						0
11 **Total support.** Add lines 7 through 10						113,129,769

12 Gross receipts from related activities, etc. (see instructions) **12** 23,393,866

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** 33.755 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15** 33.570 %

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: 39-1249705

Name: GUNDERSEN LUTHERAN MEDICAL FOUNDATION 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

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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 FOUNDATION INC

Employer identification number
39-1249705

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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	21,531,008	19,638,192	17,840,180	16,256,827	16,512,588
b Contributions	1,299,758	2,713,182	1,689,911	1,476,755	159,961
c Net investment earnings, gains, and losses	925,978	-808,511	125,036	106,598	-415,544
d Grants or scholarships					178
e Other expenditures for facilities and programs		11,855	16,935		
f Administrative expenses					
g End of year balance	23,756,744	21,531,008	19,638,192	17,840,180	16,256,827

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 ▶ 100.000 %

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)		No
(ii) related organizations . . . . . 3a(ii)		No
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				
b Buildings		1,283,020	765,472	517,548
c Leasehold improvements				
d Equipment		1,847,785	1,180,514	667,271
e Other		123,874	72,158	51,716
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,236,535

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)BENEFICIAL INTEREST TRUSTS	4,158,481
(2)TRUST INTERESTS	272,441
(3)LIFE INSURANCE CSV	467,132
(4)RIGHT OF USE ASSETS	12,203
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	4,910,257

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
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	350,511

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: 39-1249705
Name: GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Supplemental Information

Return Reference	Explanation
FORM 990 SCH D PART V LINE 4	ENDOWMENT FUNDS BEGINNING IN 2011, DUE TO A CHANGE IN POLICY BOARD DESIGNATED FUNDS ARE NO LONGER RESTRICTED BY THE BOARD. FUNDS ARE USED TO SUPPORT PROGRAMS, FUTURE CAPITAL IMPROV EMENTS AND OPERATIONS OF THE GUNDERSEN LUTHERAN MEDICAL FOUNDATION AND ITS RELATED ENTITIE S.

Supplemental Information

Return Reference	Explanation
FORM 990 SCH D PART X LINE 2	INCOME TAX MATTERS (DOLLARS IN THOUSANDS) THE SYSTEM QUALIFIES AS A TAX-EXEMPT ORGANIZATIO N UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), WITH THE EXCEPTION OF D EGEN BERGLUND, INC. AND GUNDERSEN LUTHERAN ENVISION, LLC, WHICH ARE FOR-PROFIT ENTITIES. A T DECEMBER 31, 2019 AND 2018, NET DEFERRED TAX ASSETS OF $6,900 AND $7.574, RESPECTIVELY, WHICH PRIMARILY ARE RELATED TO NET OPERATING LOSS CARRYFORWARDS, HAVE VALUATION ALLOWANCES OF $6,900 AND $6,300, RESPECTIVELY, RECORDED AGAINST THEM DUE TO THE UNCERTAINTY OF REALI ZING THOSE BENEFITS IN THE FUTURE. AT DECEMBER 31, 2019, THE SYSTEM'S FEDERAL NET OPERATIN G LOSS CARRYFORWARDS WERE APPROXIMATELY $28,700, AND THE STATE NET OPERATING LOSS CARRYFOR WARDS WERE APPROXIMATELY $25,400, WHICH WILL EXPIRE BETWEEN 2028 AND 2037. THE SYSTEM HAS REVIEWED ITS TAX POSITIONS FOR ALL OPEN YEARS AND HAS CONCLUDED THAT NO LIABILITIES EXIST FOR UNCERTAIN TAX POSITIONS. THE SYSTEM'S INCOME TAX RETURNS ARE NO LONGER SUBJECT TO EXAM INATION FOR 2014 AND PRIOR YEARS. THE TAX CUTS AND JOBS ACT (ACT) WAS ENACTED ON DECEMBER 22, 2017. THE ACT REDUCES THE U.S. FEDERAL CORPORATE TAX RATE FROM 35% TO 21%, REQUIRES CO MPANIES TO PAY A ONE-TIME TRANSITION TAX ON EARNINGS OF CERTAIN FOREIGN SUBSIDIARIES THAT WAS PREVIOUSLY TAX DEFERRED, AND CREATES NEW TAXES ON CERTAIN FOREIGN SOURCED EARNINGS. FO R TAX-EXEMPT ENTITIES, THE ACT ALSO REQUIRES ORGANIZATIONS TO CATEGORIZE CERTAIN FRINGE BE NEFIT EXPENSES AS A SOURCE OF UNRELATED BUSINESS INCOME, PAY AN EXCISE TAX ON REMUNERATION ABOVE CERTAIN THRESHOLDS THAT IS PAID TO EXECUTIVES BY THE ORGANIZATION, AND REPORT INCOM E 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 EF FECTS 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 MAY RECORD FURTHER ADJUSTMENTS IN FUTURE PERIODS UPON OBTAINING, PR EPARING, OR ANALYZING ADDITIONAL INFORMATION ABOUT FACTS AND CIRCUMSTANCES THAT EXISTED AS OF THE DATE OF ENACTMENT THAT WOULD HAVE AFFECTED THE INCOME TAX EFFECTS INITIALLY REPORT ED. THE SYSTEM WILL CONTINUE TO REVISE AND REFINE THE CALCULATIONS AS ADDITIONAL INTERNAL REVENUE SERVICE GUIDANCE IS ISSUED.

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► 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 FOUNDATION INC

Employer identification number
39-1249705

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			543,997
b Total from continuation sheets to Part I . . .					
c Totals (add lines 3a and 3b)	0	0			543,997

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990 SCH F PART I LINE 1	GUNDERSEN LUTHERAN MEDICAL FOUNDATION PROVIDED A GRANT INDIRECTLY THROUGH AN EXEMPT ORGANIZATION RECOGNIZED BY THE IRS TO PROVIDE SERVICES TO FOREIGN ORGANIZATIONS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990 SCH F PART I LINE 3(F)	REGION: CENTRAL AMERICA / CARIBBEAN (E) SPECIFIC TYPES OF SERVICES IN REGION: CERVICAL CANCER SCREENING AND EDUCATION, EARLY DETECTION OF BREAST CANCER, MEDICAL EDUCATION, LENDING LIBRARY, EDUCATION WORKSHOPS, SEWING TRAINING, ORTHOPEDIC AND PODIATRIC SURGERY, COMMUNITY HEALTH & LITERACY ASSESSMENTS AND VASCULARSURGERY. REGION: SUB-SAHARAN AFRICA (E) SPECIFIC TYPES OF SERVICES IN REGION: SURGERY, VISION SCREENING, DENTAL, INTUBATION, NEONATAL CARE, AND RESUSCITATION EDUCATIONAL SUPPORT. REGION: CENTRAL AMERICA / CARIBBEAN (E) SPECIFIC TYPES OF SERVICES IN REGION: INVESTMENT IN FOREIGN COMPANIES.

Additional Data

Software ID:

Software Version:

EIN: 39-1249705

Name: GUNDERSEN LUTHERAN MEDICAL FOUNDATION INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	MEDICAL SERVICES	63,719
Sub-Saharan Africa	0	0	Program Services	MEDICAL SERVICES	22,937

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	INVESTMENTS	457,341

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

▶ **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 FOUNDATION INC

Employer identification number
39-1249705

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

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

Revenue		(a) Event #1 STEPPIN' OUT (event type)	(b) Event #2 EMERALD BALL (event type)	(c) Other events 11 (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	522,308	15,675	61,472	599,455
	2 Less: Contributions	419,610	0	0	419,610
	3 Gross income (line 1 minus line 2)	102,698	15,675	61,472	179,845
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	162,020	0	59,885	221,905
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				221,905
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-42,060

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			48,288	48,288
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			719	719
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				719
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				47,569

9 Enter the state(s) in which the organization conducts gaming activities: WI

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	100.000 %
b	An outside facility	**13b**	0 %

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

Name ▶ BONNIE FEDIE

Address ▶ 1836 SOUTH AVENUE LA CROSSE, WI 54656

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ DEBBIE KRONER

Gaming manager compensation ▶ $

Description of services provided ▶ SUPERVISION AND MANAGEMENT OF GAMING ACTIVITIES

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☑ No

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

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

Return Reference	Explanation

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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 FOUNDATION INC

Employer identification number
39-1249705

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to 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) TRANSPORTATION	48		12,530	FMV	TRAVEL ASSISTANCE
(2) MEDICAL BILLS & SUPPLIES	186		118,018	FMV	FINANCIAL ASSISTANCE
(3) MEALS	7125		35,586	FMV	PROVIDE MEAL TOKENS
(4) EQUIPMENT & MISC	205		122,492	FMV	PROVIDE MED. EQUPMT
(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 SCH I PART I LINE 2	THE FOUNDATION MONITORS GRANT AWARDS FOR PROPER USAGE OF FUNDS BY REQUESTING THAT THE GRANT RECIPIENTS PROVIDE FEEDBACK ON THEIR PROGRAMS, A SUMMARIZATION OF GRANT RELATED EXPENDITURES, COPIES OF RECEIPTS AND/OR OTHER DOCUMENTATION TO SUPPORT THE EXPENDITURE OF THE GRANT AWARD.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUNDERSEN LUTHERAN MEDICAL CENTER 1910 SOUTH AVE LA CROSSE, WI 54601	39-0813416	501(C)(3)	1,439,476				GENERAL SUPPORT
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES 1910 SOUTH AVE LA CROSSE, WI 54601	39-1606449	501(C)(3)	53,935				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUNDERSEN CLINIC LTD 1910 SOUTH AVENUE LA CROSSE, WI 54601	39-1028657	501(C)(3)	72,645				GENERAL SUPPORT
LACROSSE AREA AUTISM FOUNDATION 317 4TH STREET SOUTH LA CROSSE, WI 54602	45-4377291	501(C)(3)	50,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LA CROSSE AREA FAMILY YMCA 1140 MAIN STREET LA CROSSE, WI 54601	39-0806172	501(C)(3)	30,000				GENERAL SUPPORT
GUNDERSEN BOSCOBEL AREA HOSPITAL 205 PARKER STREET BOSCOBEL, WI 53805	39-0845590	501(C)(3)	31,401				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUNDERSEN ST JOSEPHS HOSPITAL 400 WATER AVE HILLSBORO, WI 54634	39-0929538	501(C)(3)	9,090				GENERAL SUPPORT
FAMILY & CHILDREN'S CENTER 1707 MAIN STREET LA CROSSE, WI 54601	39-0821863	501(C)(3)	5,509				GENERAL SUPPORT

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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 FOUNDATION INC

Employer identification number
39-1249705

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 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 II	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. PROVIDES LEASED EMPLOYEES AND MANAGEMENT SERVICES TO GUNDERSEN LUTHERAN MEDICAL FOUNDATION. THEREFORE THE AMOUNTS REPORTED ON SCHEDULE J REPRESENT REIMBURSEMENTS TO GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC.

Additional Data

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

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

(A) Name 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				
1Sigurd Gundersen III MD Board of Directors - Chairman	(i)	0	0	0	0	0	0	0
	(ii)	459,496	0	500	40,600	23,742	524,338	0
1A Erik Gundersen MD BD OF DIRECTORS -VICE CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	133,846	0	15,885	22,530	23,557	195,818	0
2P Michael Jacobs DPM Board of Directors - Member	(i)	0	0	0	0	0	0	0
	(ii)	381,496	0	4,692	40,600	21,496	448,284	0
3 Elizabeth Smith-Houskamp PhD RN Board of Directors - Member	(i)	0	0	0	0	0	0	0
	(ii)	432,500	0	4,692	40,600	54	477,846	0
4Brian Sieck MD BOARD OF DIRECTORS - MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	410,492	0	43,923	40,600	1,446	496,461	0
5Jennifer Kleven MD Board of Directors - Member	(i)	0	0	0	0	0	0	0
	(ii)	154,000	2,500	0	22,693	2,179	181,372	0
6Lori Rosenstein MD Board of Directors - Member	(i)	0	0	0	0	0	0	0
	(ii)	369,496	0	23,067	40,600	21,002	454,165	0
7John Schwartz EXECUTIVE DIRECTOR OF OPS	(i)	0	0	0	0	0	0	0
	(ii)	137,161	0	5,441	21,113	19,853	183,568	0
8Gregory Thompson MD MEDICAL PARTNER OF MDCL ED	(i)	0	0	0	0	0	0	0
	(ii)	464,246	0	5,192	40,600	20,002	530,040	0
9Todd Mahr MD MDCL PARTNER OF PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	246,296	0	28,504	38,796	21,702	335,298	0
10Julio Bird MD Medical Partner of Research	(i)	0	0	0	0	0	0	0
	(ii)	511,496	0	4,692	40,600	18,984	575,772	0
11Steven Callister PhD Senior Research Scientist	(i)	0	0	0	0	0	0	0
	(ii)	160,996	0	500	23,808	21,272	206,576	0
12Paraic Kenny PhD Medical Research	(i)	0	0	0	0	0	0	0
	(ii)	163,992	0	500	24,576	8,792	197,860	0
13Thomas Harter PhD Clinical Enthicist	(i)	0	0	0	0	0	0	0
	(ii)	133,496	0	500	19,865	6,253	160,114	0
14Andrew Borgert Data Scientist	(i)	0	0	0	0	0	0	0
	(ii)	155,553	0	250	22,641	1,446	179,890	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶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 FOUNDATION INC

Employer identification number
39-1249705

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	10	909,694	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	78	12,811	MARKET VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
FORM 990 SCH M PART I LINE 32B	AUCTION RELATED ITEMS REPORTED ON PART I, LINE 25, ARE DONATED AND LATER SOLD AT VARIOUS FUNDRAISING EVENTS. THE EVENTS ARE COORDINATED BY VOLUNTEERS.
FORM 990 SCH M PART I COL B	THE AMOUNT REPORTED IN COLUMN B IS THE NUMBER OF ITEMS RECEIVED.

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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 FOUNDATION INC

Employer identification number
39-1249705

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS: EDUCATIONAL PROGRAMS: GUNDERSEN LUTHERAN IS ONE OF THE PR EMIER COMMUNITY-BASED ACADEMIC HEALTH CENTERS. FULLY ACCREDITED MEDICAL RESIDENCY PROGRAMS ARE OFFERED IN INTERNAL MEDICINE, GENERAL SURGERY, ORAL AND MAXILLOFACIAL SURGERY, PODIAT RIC MEDICINE AND SURGERY AND TRANSITIONAL YEAR. THE MEDICAL RESIDENCY PROGRAMS OFFER A BAL ANCE OF PRIMARY, TERTIARY, INPATIENT AND OUTPATIENT MEDICINE. GUNDERSEN LUTHERAN SERVES AS THE WESTERN ACADEMIC CAMPUS FOR THE UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH (UW-SMPH). NOT ONLY DO WE TEACH MEDICAL STUDENTS ENROLLED IN THE TRADITIONAL MEDIC AL EDUCATION PROGRAM BUT WE SERVE AS A TRAINING SITE FOR MEDICAL STUDENTS ENROLLED IN THE WISCONSIN ACADEMY FOR RURAL MEDICINE (WARM), AN EXCITING NEW PROGRAM SPONSORED BY THE UW-S MPH. PROGRESS CONTINUED ON OUR PLANS TO START A NEW FAMILY MEDICINE RESIDENCY PROGRAM. FAM ILY MEDICINE RECEIVED A THREE YEAR GRANT FROM WISCONSIN DEPARTMENT OF HEALTH SERVICES TO H ELP FUND THE START-UP COSTS ASSOCIATED WITH OUR FAMILY MEDICINE RESIDENCY PROGRAM. THE NEW PROGRAM ADDRESSES THE PRIMARY CARE PHYSICIAN SHORTAGE BY TRAINING WELL-ROUNDED, FULL-SCOP E, FAMILY MEDICINE PHYSICIANS. WE ENROLLED OUR FIRST CLASS OF FAMILY MEDICINE RESIDENTS IN 2016. THIS YEAR PAUL KLAS, M.D., FAMILY MEDICINE RESIDENCY DIRECTOR WAS AWARDED THE WISCO NSIN ACADEMY OF FAMILY PHYSICIANS EDUCATOR OF THE YEAR. AS BOTH A TEACHING AND RESEARCH FA CILITY, WE PROVIDE ACCESS TO CUTTING-EDGE MEDICAL KNOWLEDGE AND STATE-OF-THE ART CLINICAL CARE FOR THE TRI-STATE REGION. IN 2019, WE OFFERED APPROXIMATELY 1,900 HOURS OF CONTINUING MEDICAL EDUCATION (CME) CREDIT, WHICH INCLUDED 42 REGULARLY SCHEDULED WEEKDAY CONFERENCES AND 127 SEMINARS. THE NUMBER OF PHYSICIAN PARTICIPANTS WAS APPROXIMATELY 5,200 AND THE NU MBER OF NON-PHYSICIAN PARTICIPANTS WAS APPROXIMATELY 10,700. OUR OUTSTANDING MEDICAL EDUCA TION PROGRAM MAKES US A DESTINATION FOR THOSE LOOKING TO TRAIN AT A TOP-TIER MEDICAL FACIL ITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4B	PROGRAM SERVICE ACCOMPLISHMENTS: RESEARCH PROGRAMS: THE GUNDERSEN LUTHERAN MEDICAL FOUNDAT ION RESEARCH PROGRAM IS CLINICALLY ORIENTED SCIENCE THAT SEEKS EVIDENCE-BASED, REPRODUCIBL E ANSWERS TO IMPORTANT QUESTIONS THAT PERTAIN TO THE HEALTH OF THE CITIZENS OF THE TRI-STA TE REGION. THE RESEARCH HELPS DIRECT MEDICAL STAFF TO PROVIDE PATIENTS WITH THE MOST UP-TO -DATE ADVANCEMENTS IN MEDICAL CARE. THE DEPARTMENT SUPPORTS RESEARCH THROUGHOUT THE ORGANI ZATION HIGHLIGHTED BY THE NAMING OF A NATIONAL CANCER INSTITUTE COMMUNITY CANCER CENTER WH ICH IS ONE OF THIRTY SUCH SITES IN THE NATION. OUR FOUNDATION, IN PARTNERSHIP WITH MARSHFI ELD CLINIC RESEARCH FOUNDATION AND ST. VINCENT REGIONAL CANCER CENTER, WILL SHARE IN A $15 .6 MILLION NATIONAL CANCER INSTITUTE GRANT TO EXPAND CANCER CLINICAL RESEARCH OVER THE NEX T 6 YEARS. THE DEPARTMENT OF RESEARCH NOW SUPPORTS THREE FULLY EQUIPPED AND STAFFED RESEAR CH LABORATORIES, ONE OF WHICH HAS ALREADY EARNED A SOLID REPUTATION AS A LEADER IN LYME DI SEASE RESEARCH. THIS YEAR, RESEARCH WAS NAMED A TOP 5 ENROLLING SITE IN THE COUNTRY FOR CH RONIC VENOUS THROMBOSIS TREATMENT TRIAL. THE CANCER AND BLOOD DISORDERS RESEARCH TEAM RECE IVED A TOP AWARD FOR CANCER CARE AND DELIVERY RESEARCH THIS YEAR. MEDICAL RESEARCH RECEIVE D TWO MAJOR RESEARCH GRANTS IN 2019 FOR RESEARCH AND INNOVATIVE CANCER CLINICAL TRIEALS. I N 2019, THE RESEARCH DEPARTMENT PUBLISHED 890 JOURNALS,7 BOOK SECTIONS/CHAPTERS, 1 CO-AUTH ORED BOOK, AND MADE 60 SCHOLARLY PRESENTATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4C	PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY HEALTH PROGRAMS: THE COMMUNITY HEALTH PROGRAMS SPONSORED BY GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. PROMOTE COMMUNITY HEALTH, EMPHASIZE DISEASE PREVENTION, WELLNESS AND OTHER PATIENT EDUCATION PROGRAMS. A TOTAL OF 55 GRANTS WERE AWARDED FOR EDUCATION PURPOSES, 60 FOR EQUIPMENT PURCHASES, 251 FOR VARIOUS GUNDERSEN HEALTH SYSTEM PROGRAM SERVICES, AND 24 GRANTS WERE AWARDED TO ENHANCE PATIENT AND COMMUNITY HEALTH. IN ADDITION, APPROXIMATELY 7,564 GRANTS WERE AWARDED TO INDIVIDUALS FOR TRANSPORTATION, RESPITE SERVICES, SCHOLARSHIPS, ADAPTIVE EQUIPMENT, MEALS AND OTHER LIVING EXPENSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART III LINE 4D	BEREAVEMENT & ADVANCE CARE PLANNING PROGRAMS: GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. SPONSORS EDUCATIONAL PROGRAMS IN BEREAVEMENT AND ADVANCE CARE PLANNING AND HAS DEVELOPED C OURSES AND RESOURCES TO SUPPORT CONTINUED BEREAVEMENT CARE AND EDUCATION. OUR EDUCATION PR OGRAMS TRAIN HEALTH CARE PROFESSIONALS ON HOW TO FACILITATE ADVANCE CARE PLANNING (ACP) DI SCUSSIONS AND TEACH ORGANIZATIONS ON HOW TO IMPLEMENT EFFECTIVE ACP SYSTEMS. WE CONTINUE T O DEVELOP AND ENHANCE OUR INNOVATIVE APPROACH TO EDUCATION THROUGH ONLINE LEARNING AND BLE NDED TRAINING. BEREAVEMENT AND ADVANCE CARE PLANNING SERVICES, A DEPARTMENT OF GUNDERSEN L UTHERAN MEDICAL FOUNDATION, IS HOME TO A PROPRIETARY PROGRAM: RESOLVE THROUGH SHARING PROG RAM IS INTERNATIONALLY RECOGNIZED, EVIDENCE-BASED ADVANCE CARE PLANNING PROGRAMS THAT HAS PROVIDED TRAINING, CONSULTATION, AND MATERIALS TO ORGANIZATIONS AND COMMUNITIES AROUND THE WORLD INCLUDING ALL 50 STATES, CANADA, UK, AUSTRALIA, SOUTH AFRICA AND MILITARY BASES IN EUROPE AND ASIA. IN 2019, RESOLVED THROUGH SHARING TRAINED OVER 1,200 INDIVIDUALS THROUGH 76 EVENTS ACROSS THE COUNTRY AND HAD 2,600 FACEBOOK FOLLOWERS VIEWING THE PAGE IN 9 LANGUA GES. THIS YEAR, RESOLVE THROUGH SHARING PARTNERED WITH TRI-STATE AMBULANCE TO DEVELOP A PR OTOCOL FOR EMERGENCY RESPONDERS. THROUGH THIS PARTNERSHIP 108 EMERGENCY RESPONDERS RECEIVE D TRAINING THROUGH AN ONLINE TRAINING PROGRAM. IN 2019, RESOLVE THROUGH SHARING ALSO LAUNC HED A "COMPASSIONATE GOODBYES" BEREAVEMENT EDUCATION FOR VETERINARY PROFESSIONALS THROUGH A DEVELOPED WEBSITE OFFERING PRESENTATIONS AND MATERIALS. RESOLVED THROUGH SHARING ALSO PU BLISHED A HANDBOOK OF PERINATA AND NEONATAL PALLIATIVE CARE: A GUIDE FOR NURSES, PHYSICIAN S, AND OTHER HEALTH PROFESSIONALS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART V LINE 2	ALL PERSONNEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. ARE PERFORMED BY EM PLOYEES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. HENCE LINE 2 INDICATES ZERO (0) FILINGS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 11B	THE GUNDERSEN LUTHERAN MEDICAL FOUNDATION BOARD RECEIVES A COPY OF THE FORM 990 AND IT IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. ALSO, IT IS REVIEWED FOR COMPLETENESS BY THE CFO AND/OR THE EXECUTIVE DIRECTOR FINANCE OF GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. P RIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 12C	EACH MEMBER OF THE GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. GOVERNING BOARD SIGNS A CON FLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. MEMBERS ARE ASKED TO DISCLOSE CONFLICTS AS APPROPRIATE AND ABSTAIN FROM VOTING WHEN APPLICABLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 15	ALL PERSONEL SERVICES FOR GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. ARE PERFORMED BY EMP LOYEES OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. THE COMPENSATION OF THE CEO IS DETERMINED ANNUALLY BY A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTE ES. THEIR DETERMINATION IS MADE AFTER A REVIEW OF MARKET DATA OBTAINED FROM SEVERAL ORGANI ZATIONS AND CEO PERFORMANCE. MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE SUCH DISCUSSIONS TAKE PLACE. RECOMMENDATIONS FOR COMPENSATION FOR THE ORGANIZATIONS' KEY MANAG EMENT EMPLOYEES ARE DEVELOPED ANNUALLY BY THE CEO, AFTER A REVIEW OF PERFORMANCE AND COMPA RABLE MARKET DATA. THE PROPOSED SALARIES ARE INDEPENDENTLY REVIEWED BY AN OUTSIDE AUDITING FIRM. THE COMPENSATION RECOMMENDATIONS, AUDIT REPORTS, ALONG WITH THE MARKET DATA, ARE PR ESENTED TO A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES. THE COMP ENSATION AMOUNTS ARE NOT EFFECTIVE UNTIL THE BOARD COMMITTEE APPROVED THEM. MEETING MINUTE S ARE TAKEN AND KEPT AT THE MEETINGS WHERE THE BOARD REVIEWS THEM AND APPROVES THE COMPENS ATION OF THE KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI LINE 19	REQUESTS FOR FORMS 990 AND CERTAIN OTHER TAX INFORMATION IS AVAILABLE FOR PUBLIC INSPECTIO N AND COPYING THROUGH THE GUNDERSEN LUTHERAN LEGAL DEPARTMENT. A COPY OF THE GUNDERSEN LUT HERAN MEDICAL FOUNDATION, INC. FORM 990 CAN ALSO BE FOUND ELECTRONICALLY ON GUIDESTAR.ORG.

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 FOUNDATION. 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 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 PRI NCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS.

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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 FOUNDATION INC

Employer identification number
39-1249705

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

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

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

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	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1866425	SUPTNG ORG	WI	501(c)(3)	LINE 12B II	NA		No
1910 SOUTH AVENUE LA CROSSE, WI 54601 39-0813416	HEALTH CARE	WI	501(c)(3)	LINE 3	GLHS		No
1836 SOUTH AVENUE LA CROSSE, WI 54601 39-1028657	HEALTH CARE	WI	501(c)(3)	LINE 3	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1606449	SUPTNG ORG	WI	501(c)(3)	LINE 12B II	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1856898	CREDENTIALING	WI	501(c)(3)	LN 12C III	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 12 I	S JOSEPH HS		No
18601 LINCOLN STREET WHITEHALL, WI 54773 30-0093022	FOUNDATION	WI	501(C)(3)	LINE 12A I	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 54603 39-1965415	MDCL TRANSPOR	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	INDP LIVING	WI	501(C)(3)	LINE 10	LRHC		No
1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1586700	INDP LIVING	WI	501(c)(3)	LINE 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	HEALTH CARE	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	MMHC		No