Form	990-T	E	cempt Organization					n	OMB No	1545-0047
Form	330-1	Fl-	(and proxy tax			•	• •	.	മ	<b>∂</b> 10
		For cale	ndar year 2019 or other tax year begin					"	<u>Z(</u>	J 19
	ment of the Treasury Revenue Service	<b>▶</b> Do	► Go to www irs gov/Form990 not enter SSN numbers on this form a					<sub>)/3\</sub>	Open to Pul	blic Inspection for ganizations Only
Ā	Check box if	\			me changed and see ins					ation number
_	address changed	* * <u>.</u> ,	GUNDERSEN LUTHERAN		=			(Employ	yees' trust, see	instructions )
ВЕхе	mpt under section		INC.							
X	501(C) <b>()</b> 3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions			39-16	506449	
	408(e) 220(e)	Type								s activity code
	408A530(a)	.,,,,,	1910 SOUTH AVE	_				(See ins	structions )	
	529(a)		City or town, state or province, countr	y, and 2	ZIP or foreign postal cod	e				
	k value of all assets nd of year		LA CROSSE, WI 54601					44		
			up exemption number (See instruct							
	013495709.		ck organization type 🕨 X 501			501(c)	trust	401(a)	trust	Other trust
			inization's unrelated trades or busine	sses			<del></del>		(or first) uni	
	de or business her					•	complete Parts I-			describe the
	•		end of the previous sentence, co	mplete	Parts I and II, compl	ete a So	chedule M for eac	h addition	ıal	
	de or business, the								- Iv	<del>                                     </del>
			corporation a subsidiary in an affili					-1866	کے کرن	Yes No
			identifying number of the parent co	rporati	on ► AICH	1 Or	e number ▶ 60	2-775-	24 <del>/ 5</del>	
_			or Business Income		(A) Income	epnon	(B) Expens			C) Not
			294,307.	1	(A) Income		(B) Expens		<del>                                     </del>	C) Net
b			c Balance ▶	1c	294,3	307.				İ
2			ule A, line 7)	2	160,9					
3	-	•	2 from line 1c	3	133,3				<del> </del>	133,342.
-4a	•		ittach Schedule D)	4a					<del>                                     </del>	
b			Part II, line 17) (attach Form 4797)	4b						<del></del>
С	• , , ,		rusts	4c						
5			r an S corporation (attach statement)	5			ينت درين	n marcente	SAME TO SAME	
6	Rent income (Sch	edule C)		6			3-	4 12 (21)	「イドロ	
7	Unrelated debt-fir	nanced in	come (Schedule E)	7			12,		" " I " I " I THE TOTAL	75
8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedute F)	8			9 (	OV 1	7 2020	191
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						8
10	Exploited exempt	activity i	ncome (Schedule I)	10				OGDE	N. UT	
11	-		dule J)	11						
12			tions, attach schedule)	12	122	340				122 240
13			ough 12	13	133,3				<u> </u>	133,342.
Par			Taken Elsewhere (See insti ne unrelated business incom		ons for limitations	s on a	eductions.) (L	eductio	ons must	be directly
	<del></del>		<del></del>	<del></del>						
14 15			directors, and trustees (Schedule K)						<u> </u>	
16									<del> </del>	
17										
18			(see instructions)							
19										15,000.
20			4562)			Ϊ				
21			on Schedule A and elsewhere on re					21b		
22								. 22		
23			compensation plans							
24			s							
25			Schedule I)							
26			chedule J)							
27			chedule)							49,467.
28			s 14 through 27							64,467.
29			le income before net operating						<u> </u>	68,875.
30			g loss arising in tax years beginnir	_						
31			e income Subtract line 30 from line	29 .	<u> </u>		<u></u> .	. 31	<u> </u>	68,875.

Par	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	. 32		68,	875.
33	Amounts paid for disallowed fringes				
34	Charitable contributions (see instructions for limitation rules) ATCH. 3			6.	888.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			61	997
	34 from the sum of lines 32 and 33			01,	987.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	. 36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	. 37		61,	987.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38		1,	000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
••	enter the smaller of zero or line 37			60.	987.
Day		.   35			<del></del>
	Tax Computation	1		10	007
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)			12,	807.
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	1			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 41			
42	Proxy tax See instructions	▶ 42			
43	Alternative minimum tax (trusts only)	. 43			
44	Tax on Noncompliant Facility Income. See instructions				
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	-		12.	807.
		.   45			
Par		$\neg \neg$			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	-			
b	Other credits (see instructions)	<b>⊣</b> ∣			
	General business credit Attach Form 3800 (see instructions)	_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits Add lines 46a through 46d	. 46e			
47	Subtract line 46e from line 45	. 47		12,	807.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				
49	Total tax. Add lines 47 and 48 (see instructions)	-		12.	807.
				,	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				
	Payments A 2018 overpayment credited to 2019	<b>:</b>			
	2019 estimated tax payments	<b>.</b>			
С	Tax deposited with Form 8868	_			
d	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	7			
g	Other credits, adjustments, and payments Form 2439	┥			
9	Form 4136 Other Total > 51g				
		<u></u> -		25	000.
52	Total payments Add lines 51a through 51g	. 52		23,	000.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	J <u>53</u>			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55		12,	193.
56	Enter the amount of line 55 you want	▶ 56			
Par	t VI Statements Regarding Certain Activities and Other Information (see Instruction	ns)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in		-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•			
	· · · · · · · · · · · · · · · · · · ·	Torcign	country		$\overline{x}$
	here ▶	<del></del>		-	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust	<i>'</i>		<del>  ^</del>
	If "Yes," see instructions for other forms the organization may have to file			]	
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	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 be	ief, it is
Sig	true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Anna Abril	00 4	Ab -	
Her		-	RS discuss preparer sh		
		see instructio		es T	No
	Print/Type preparer's name Reparer's signafulte Date		PΠN		, ,40
Paid	1 11/04/2020 Che			2261	2
	Sell-	-employed	P016		
	Pirm's name PERNST & TOUNG U.S., LIEF		34-656		
	Firm's address > 155 N. WACKER DRIVE, CHICAGO, IL 60606 Photo	<sub>ne no</sub> 31	2-879-	2000	

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Form 990-T (2019)

Total dividends-received deductions included in column 8

Form 990-T (2019)	GUNDERSE									606449 Page <b>4</b>	
Schedule F - Interest, Ann	uities, Royaltie						i <b>ons</b> (se	e instructi	ons)		
		Exen	npt Co	ontrolled Or	ganızatı	ons	· · · ·	· · · · · · · · · · · · · · · · · · ·			
Name of controlled organization	2 Employer identification numb	ן ישנ	I		of specified included		of column 4 that is I in the controlling iion's gross income		6 Deductions directly connected with income in column 5		
(1)								-		-	
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations	_									
7 Taxable Income	8 Net unrelated i (loss) (see instruc			Total of specifical agency and the comments made		includ	t of column ed in the co ation's gros	introlling		Deductions directly     nected with income in     column 10	
(1)											
(2)											
(3)											
(4)											
						Enter I	columns 5 a nere and on line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
Totals	<u></u>	<u></u>			<u></u> ▶						
Schedule G-Investment I	ncome of a Se	ction 501(	c)(7),			nization	(see ins	tructions)			
1 Description of income	2 Amount o	fincome		3 Deduction of the 3 directly contact of the	nnected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)				_							
(2)					_						
(3)					<u>-</u>						
(4)					_			-			
	Enter here and Part I, line 9, c							· -		Enter here and on page 1, Part I, line 9, column (B)	
Totals ▶											
Schedule I-Exploited Ex-	empt Activity In	come, Oth	er Th	an Advert	ising Ir	ncome (s	ee instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	/ with n of ed	4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thm	ted tradé (column lumn 3) ompute	from ac	s income livity that nrelated s income	6 Expenses attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)								-		· · · · ·	
(3)						<del> </del>					
(4)								<del>                                     </del>			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,			<del>                                     </del>		1		Enter here and on page 1, Part II, line 25	
Totals		<u> </u>		<u> </u>							
Schedule J- Advertising I	<del></del>										
Part I Income From Per	riodicals Report	ted on a C	onsol	idated Bas	sis			<del></del>			
1 Name of periodical   advertising		3 Direc advertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	ı	ulation ome	6 Reado		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										ļ	
(2)										)	
(3)											
(4)											
Totals (carry to Part II, line (5))										- 000 7	
										Form <b>990-T</b> (2019)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				•		
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
)		%	
otal Enter here and on page 1, Part II, line 14.			

Form 990-T (2019)

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

ОМВ	No	1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_, 2019, and ending \_

► Go to www.irs.gov/Form990T for instructions and the latest information

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Omanizations Only

Name of the organization

GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES,

Employer identification number 39-1606449

Unrelated Business Activity Code (see instructions) ▶ 56

Describe the unrelated trade or business ► SOFTWARE ADMINISTRATION Part I Unrelated Trade or Business Income (B) Expenses (A) Income (C) Net 421,479. Gross receipts or sales 421,479 b Less returns and allowances Cost of goods sold (Schedule A, line 7). . . . . . 421,479 421,479. Gross profit Subtract line 2 from line 1c . . . . . 3 4a Capital gain net income (attach Schedule D) . . . . . . . 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach 5 6 6 Unrelated debt-financed income (Schedule E). . . . . . . Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . . . . . . . . . . . . . . Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . . . . . . . . . . . . . 10 10 Exploited exempt activity income (Schedule I) . . . . . . 11 Advertising income (Schedule J)...... 12 Other income (See instructions, attach schedule) . . . . . 12 421,479. 421,479. Total. Combine lines 3 through 12......

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	153,016.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	1 1	
27	Other deductions (attach schedule)	27	334,298.
28	Total deductions. Add lines 14 through 27	28	487,314.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-65,835.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-65,835.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

NAME AND FEIN OF PARENT CORPORATION

GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. 39-1866425

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

OTHER EXPENSES TAX PREP FEES

48,367. 1,100.

PART II - LINE 27 - OTHER DEDUCTIONS

49,467.

# FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	133,342.
UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	421,479.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	64,467.
DED W/O CHARITABLE CONTRIBUTIONS & DPAD (SCH M)	487,314.
	0.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	6,888.
•	
CHARITABLE CONTRIBUTION	8,498.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	6 000
CHARTIABLE CONTRIBUTION DEDUCTION (DNABBLE OF THE ABOVE TWO)	<u> </u>

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

OTHER DEDUCTIONS TAX PREP FEES

333,198. 1,100.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

334,298.

### Gundersen Lutheran Administrative Services, Inc. EIN: 39-1606449 31-Dec-19 NET OPERATING LOSS CARRYFORWARD CODE 56 FORM 990-T, PART II, LINE 30

NOL	Generated	Utilized	Carryforward
NOL Generated in FYE December 31, 2018	\$ 20,503		\$ 20,503
NOL Generated in FYE December 31, 2019	\$ 65,835		\$ 65,835
NOL Carryforward in FYE December 31, 2019	\$ 86,338	\$ -	\$ 86,338