

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](http://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>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC % GERALD OETZEL</td> <td rowspan="2"><b>D</b> Employer identification number 39-1606449</td> </tr> <tr> <td colspan="2">Doing business as GUNDERSEN ADMIN SERVICES Inc</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) 1910 SOUTH AVE</td> <td>Room/suite</td> <td rowspan="2"><b>E</b> Telephone number (608) 782-7300</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code LA CROSSE, WI 54601</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: SCOTT RATHGABER MD 1910 SOUTH AVE LA CROSSE, WI 54601</td> <td><b>G</b> Gross receipts \$ 772,570,796</td> </tr> </table>	<b>C</b> Name of organization GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC % GERALD OETZEL		<b>D</b> Employer identification number 39-1606449	Doing business as GUNDERSEN ADMIN SERVICES Inc		Number and street (or P.O. box if mail is not delivered to street address) 1910 SOUTH AVE	Room/suite	<b>E</b> Telephone number (608) 782-7300	City or town, state or province, country, and ZIP or foreign postal code LA CROSSE, WI 54601		<b>F</b> Name and address of principal officer: SCOTT RATHGABER MD 1910 SOUTH AVE LA CROSSE, WI 54601		<b>G</b> Gross receipts \$ 772,570,796
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶												
<b>J</b> Website: ▶ WWW.GUNDERSENHEALTH.ORG														
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1987 <b>M</b> State of legal domicile: WI												

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO SUPPORT GUNDERSEN HEALTH SYSTEM'S HEALTH CARE AND OTHER ORGS MISSIONS THROUGHOUT OUR SERVICE AREA, MANAGING THE LARGER PORTION OF BUSINESS SVCS, EDUCATION AND INVESTING.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	6
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	10,114
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	583
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	715,786
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	60,987
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b> Contributions and grants (Part VIII, line 1h)		414,875	118,406
<b>9</b> Program service revenue (Part VIII, line 2g)		811,234,825	740,293,754
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,275,211	30,311,138
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		880,753	421,230
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		841,805,664	771,144,528
<b>Expenses</b>			
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		3,488,867	1,468,073
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		682,707,905	716,150,495
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		115,346,475	112,812,331
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		801,543,247	830,430,899
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		40,262,417	-59,286,371
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)		915,514,367	1,013,495,709
<b>21</b> Total liabilities (Part X, line 26)		928,337,722	1,026,978,780
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		-12,823,355	-13,483,071

**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.

<b>Sign Here</b>	
***** Signature of officer	2020-11-10 Date
GERALD OETZEL CFO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 778,855,004 including grants of \$ 1,468,073 ) (Revenue \$ 740,293,754 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 778,855,004

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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	Yes	
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	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		No
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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		No
<b>11c</b>	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		No
<b>11d</b>	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		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</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	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	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		No
<b>17</b>	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)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 16 main rows (2a-16) and multiple sub-rows (a, b, c, etc.) for each. Columns include question text, a response box (e.g., 2a, 7d, 10a, 11a), and Yes/No checkboxes. Key values include 10,114 for 2a and 'No' for various 7a-7h, 8, 9a-9b, 12a, 13a, 14a-14b, 15, and 16.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (6), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
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										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	13,223,023	0	1,303,099

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,009

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5 Yes	

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
KRAUS ANDERSON CONSTRUCTION CO, 501 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404	CONTRACTOR	35,887,071
EPLUS TECHNOLOGY, PO BOX 404398 ATLANTA, GA 303844398	COMPUTER CONTRACT	13,155,631
SIRIUS COMPUTER SOLUTIONS INC, PO BOX 202289 DALLAS, TX 753202289	COMPUTER CONTRACT	5,908,376
EPIC SYSTEM CORPORATION, PO BOX 88314 MILWAUKEE, WI 532880314	COMPUTER CONTRACT	4,464,845
FWLER AND HAMMER INC, 313 MONITOR STREET LA CROSSE, WI 54603	CONTRACTOR	4,243,633

**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 ▶ 378



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	53,935		
	<b>e</b> Government grants (contributions)	<b>1e</b>	52,788		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,683		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		118,406		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> SERVICES PROVIDED TO GUNDERSEN	561000		739,872,275	739,872,275	0	0
<b>b</b> ADMIN. AND TECHNICAL SUPPORT SERVICES	561499		421,479	0	421,479	0
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			740,293,754			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			30,301,648			30,301,648	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
		<b>b</b> Less: rental expenses	<b>6b</b>	1,553,191				
		<b>c</b> Rental income or (loss)	<b>6c</b>	1,426,268				
	<b>d</b> Net rental income or (loss) . . . . .		126,923	0	126,923			126,923
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	9,490				
		<b>c</b> Gain or (loss)	<b>7c</b>	0				
	<b>d</b> Net gain or (loss) . . . . .		9,490		9,490			9,490
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0			
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>			0			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0				
				0				
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>			0			
<b>c</b> Net income or (loss) from gaming activities . . . . .				0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0				
				0				
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>			0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0				
Miscellaneous Revenue	Business Code							
<b>11a</b> HEALTH SHOP SALES	446199		294,307		294,307			
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			294,307					
<b>12 Total revenue.</b> See instructions . . . . .			771,144,528	739,872,275	715,786		30,438,061	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,468,073	1,468,073		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,557,659	127,153	6,430,506	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	540,804,094	516,821,137	23,982,957	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	66,048,886	62,261,143	3,787,743	
<b>9</b> Other employee benefits . . . . .	68,935,262	66,061,874	2,873,388	
<b>10</b> Payroll taxes . . . . .	33,804,594	32,061,035	1,743,559	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	1,283,938		1,283,938	
<b>c</b> Accounting . . . . .	385,483		385,483	
<b>d</b> Lobbying . . . . .	137,710	137,710		
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	1,539,325	27,780	1,511,545	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,440,298	11,030,165	3,410,133	0
<b>12</b> Advertising and promotion . . . . .	1,848,732	20,078	1,828,654	
<b>13</b> Office expenses . . . . .	7,050,755	6,216,903	833,852	
<b>14</b> Information technology . . . . .	26,400,053	26,019,941	380,112	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	8,229,593	7,301,290	928,303	
<b>17</b> Travel . . . . .	753,737	535,988	217,749	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	16,800,575	16,800,575		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	18,139,238	17,821,102	318,136	
<b>23</b> Insurance . . . . .	679,717	672,212	7,505	
<b>24</b> 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.)				
<b>a</b> CREDIT CARD EXPENSE	1,048,311	1,038,918	9,393	0
<b>b</b> SUPPLIES/BAD DEBT	3,991,537	3,866,556	124,981	0
<b>c</b> RECRUITING/TAXES	2,731,757	2,258,005	473,752	0
<b>d</b> DUES/MEMBERSHIPS/DUES	2,678,033	2,060,916	617,117	0
<b>e</b> All other expenses	4,673,539	4,246,450	427,089	
<b>25</b> Total functional expenses. Add lines 1 through 24e	830,430,899	778,855,004	51,575,895	0
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	22,202,036	<b>1</b>	28,505,682
	<b>2</b> Savings and temporary cash investments . . . . .	137,216,836	<b>2</b>	107,640,831
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> 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 . . . . .	24,904	<b>5</b>	45,284
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	15,141,982	<b>7</b>	16,009,441
	<b>8</b> Inventories for sale or use . . . . .	7,012,518	<b>8</b>	7,412,628
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,949,444	<b>9</b>	21,592,860
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 248,346,085		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 146,206,656	85,995,936	<b>10c</b> 102,139,429
	<b>11</b> Investments—publicly traded securities . . . . .	612,703,154	<b>11</b>	712,632,725
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	20,267,557	<b>15</b>	17,516,829
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	915,514,367	<b>16</b>	1,013,495,709	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	131,076,480	<b>17</b>	138,890,687
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	373,005,000	<b>20</b>	363,925,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	424,256,242	<b>25</b>	524,163,093
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	928,337,722	<b>26</b>	1,026,978,780
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	-12,823,355	<b>27</b>	-13,483,071
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	-12,823,355	<b>32</b>	-13,483,071	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	915,514,367	<b>33</b>	1,013,495,709	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	771,144,528
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	830,430,899
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-59,286,371
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-12,823,355
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	58,626,655
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-13,483,071

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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.</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1606449

**Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

Form 990 (2019)

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### Form 990, Part III, Line 4a:

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

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**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			
JEFFREY LAWRENCE MD ..... MEDICAL DOCTOR	40.0 ..... 0.0					X		1,198,447	0	59,548
STEVEN WHITFORD MD ..... MEDICAL DOCTOR	40.0 ..... 0.0					X		932,750	0	61,948
SCOTT RATHGABER MD ..... CHIEF EXECUTIVE OFFICER	42.0 ..... 6.0	X		X				922,188	0	60,548
COLLIN DRISCOLL MD ..... MEDICAL DOCTOR	40.0 ..... 0.0					X		905,688	0	59,548
MARTIN KOOP DDS ..... MEDICAL DOCTOR	40.0 ..... 0.0					X		841,412	0	41,992
KURT MUELLER MD ..... MEDICAL DOCTOR	40.0 ..... 0.0					X		788,198	0	57,969
MICHAEL DOLAN MD ..... EXEC VP, MEDICAL CHIEF OPERATI	42.0 ..... 6.0			X				597,116	0	61,048
MARILU BINTZ MD ..... CHIEF POPULATION HEALTH OFFICE	42.0 ..... 6.5			X				597,100	0	47,956
MARY KUFFEL MD ..... MEDICAL VICE PRESIDENT	40.0 ..... 1.0				X			513,104	0	41,992
GERALD OETZEL ..... CHIEF FINANCIAL OFFICER	42.0 ..... 6.0			X				494,887	0	53,232

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			
GREGORY THOMPSON MD ..... BOARD OF TRUSTEES - MEMBER, CH	42.0 ..... 6.0	X		X				469,438	0	60,548
DANA BENDEN MD ..... BOARD OF TRUSTEES - MEMBER	42.0 ..... 6.0	X						473,792	0	41,992
ELIZABETH SMITH-HOUSKA ..... ADMINISTRATIVE CHIEF OPERATING	42.0 ..... 8.5			X				437,192	0	40,600
ROSE ANN-LAURETO ..... CHIEF INFORMATION OFFICER	42.0 ..... 7.0			X				414,269	0	47,774
P MICHAEL JACOBS DP ..... MEDICAL VICE PRESIDENT	40.0 ..... 2.0				X			386,188	0	62,048
WILLIAM FARRELL ..... CHIEF BUSINESS & STRATEGY OFFI	42.0 ..... 7.5			X				411,002	0	29,400
TODD KOWALSKI MD ..... MEDICAL VICE PRESIDENT	40.0 ..... 0.0				X			375,496	0	60,548
JONATHAN ZLABEK MD ..... BOARD OF TRUSTEES - MEMBER	42.0 ..... 6.0	X						348,424	0	62,048
KELLEY BAHR MD ..... BOARD OF TRUSTEES - MEMBER	42.0 ..... 6.0	X						360,192	0	40,600
MARY ELLEN MCCARTNEY ..... CHIEF HUMAN RESOURCES OFFICER	42.0 ..... 6.0			X				339,686	0	49,480

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHANIE CARROLL MD ..... MEDICAL VICE PRESIDENT	40.0 ..... 0.0				X			328,996	0	56,862
JEFFREY THOMPSON MD ..... FORMER CEO	40.0 ..... 0.0						X	280,209	0	62,148
BRYAN ERDMANN ..... ADMINISTRATIVE VICE PRESIDENT	40.0 ..... 2.5				X			267,981	0	60,928
ROBYN BORGE MD ..... BOARD OF TRUSTEES - MEMBER	42.0 ..... 6.0	X						274,192	0	38,882
DANIEL P BREAZEALE ..... VICE PRESIDENT FINANCE	40.0 ..... 0.0				X			265,076	0	43,460
KRAIG SCHUSTER ..... ADMINISTRATIVE VICE PRESIDENT	40.0 ..... 1.0				X			233,207	0	54,030
GARITH STEINER ..... VICE PRESIDENT	42.0 ..... 2.0				X			251,213	0	32,276
LISA WIED ..... ADMINISTRATIVE VICE PRESIDENT	40.0 ..... 1.0				X			224,372	0	52,884
PAMELA MAAS ..... VICE PRESIDENT BUSINESS DEVELO	40.0 ..... 0.0				X			242,545	0	34,619
MICHAEL MCKEE ..... ADMINISTRATIVE VICE PRESIDENT	40.0 ..... 2.3				X			220,996	0	54,290



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KARI ADANK ..... VICE PRESIDENT COMPLIANCE	40.0 ..... 0.0				X			210,246	0	49,942
MICHAEL O'NEILL ..... VICE PRESIDENT STRATEGY EXECUT	40.0 ..... 1.0				X			183,236	0	45,680
ELLEN PEDRETTI-FENDT ..... VICE PRESIDENT APPLICATION SER	40.0 ..... 0.0				X			185,930	0	40,588
JANINE LUZ ..... VICE PRESIDENT LEARNING	40.0 ..... 0.0				X			181,961	0	40,978
MARK TERESI ..... INTERIM CFO THRU 03/19	40.0 ..... 0.0			X				151,990	0	0
WENDY LOMMEN ..... BD OF TRSTE - TRUSTEE EMERITUS	2.0 ..... 4.0	X		X				0	0	0
JOHN LYCHE ..... BOARD OF TRUSTEES -BOARD CHAIR	2.0 ..... 4.0	X		X				0	0	0
GERALD ARNDT ..... BOARD OF TRUSTEES - VICE CHAIR	2.0 ..... 7.0	X		X				0	0	0
MARK GLENDENNING ..... BOARD OF TRUSTESS - MEMBER	2.0 ..... 4.0	X						0	0	0
BRAD STURM ..... BOARD OF TRUSTEES - Treasurer	2.0 ..... 4.0	X		X				0	0	0

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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**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](http://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 ADMINISTRATIVE SERVICES  
INC

**Employer identification number**  
39-1606449

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . 18
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
<b>Total</b>	18					

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>3b</b>			
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>3c</b>			
<b>4a</b>	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.		No
<b>4a</b>			
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>4b</b>			
<b>c</b>	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 <b>Part VI</b> 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.		
<b>4c</b>			
<b>5a</b>	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 <b>Part VI</b> , 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).		No
<b>5a</b>			
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>			
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>			
<b>6</b>	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 <b>Part VI</b> .	Yes	
<b>6</b>			
<b>7</b>	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).		No
<b>7</b>			
<b>8</b>	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).		No
<b>8</b>			
<b>9a</b>	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 <b>Part VI</b> .		No
<b>9a</b>			
<b>b</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 <b>Part VI</b> .		No
<b>9b</b>			
<b>c</b>	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 <b>Part VI</b> .		No
<b>9c</b>			
<b>10a</b>	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.		No
<b>10a</b>			
<b>b</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).		
<b>10b</b>			

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
		<b>2a</b>	
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> 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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> 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 <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
FORM 990, SCH A PART I LINE 12G	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES IS AN INTEGRAL PART OF THE GUNDERSEN LUTHERAN HEALTH SYSTEM AND PROVIDES SUPPORT TO EACH OF THE ORGANIZATIONS LISTED; HOWEVER, SUCH SERVICES CANNOT EASILY BE QUANTIFIED IN DOLLAR-BASED TERMS.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
FORM 990, SCH A, PART IV, SECTION A LINE 1	<p>THE ARTICLES OF INCORPORATION OF GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. (GLAS) PROVIDE THAT IT SHALL SUPPORT, OPERATE FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, AND CARRY OUT SOME OR ALL OF THE CHARITABLE PURPOSES OF GUNDERSEN LUTHERAN, INC., GUNDERSEN CLINIC, LTD., GUNDERSEN LUTHERAN MEDICAL CENTER, INC. AND THEIR NONPROFIT AFFILIATES (HEREAFTER REFERRED TO AS THE GUNDERSEN LUTHERAN HEALTH SYSTEM) SO LONG AS THOSE ORGANIZATIONS ARE DESCRIBED IN SECTION 509(A)(1) OR 509(A)(2) OF THE INTERNAL REVENUE CODE, AND OTHER SECTION 501(C)(3) ORGANIZATIONS DESCRIBED IN SECTION 509(A)(1) OR 509(A)(2) OF THE INTERNAL REVENUE CODE WHICH ARE AFFILIATED WITH ANY OF THE AFORESAID ORGANIZATIONS. GLAS SUPPORTS THE THREE NAMED ENTITIES, TWO OF WHICH HAVE BEEN RECOGNIZED AS EXEMPT FROM TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAVE BEEN CLASSIFIED AS PUBLIC CHARITIES UNDER IRC SECTION 509(A)(1) OR (2) AND THE OTHER, GUNDERSEN LUTHERAN, INC., IS OPERATED, SUPERVISED, OR CONTROLLED BY OR CONNECTION WITH THE NAMED SUPPORTED ORGANIZATIONS. FURTHER, PURSUANT TO THEIR BY-LAWS, THE GOVERNING BODY OF GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. (FORMALLY GUNDERSEN LUTHERAN, INC.) SERVES AS THE GOVERNING BODY OF GLAS, AS WELL AS GUNDERSEN CLINIC, LTD, AND GUNDERSEN LUTHERAN MEDICAL CENTER, INC. THUS, GLAS MEETS THE RELATIONSHIP TEST AS A TYPE II ORGANIZATION BECAUSE THERE IS COMMON SUPERVISION AND CONTROL BETWEEN GLAS AND ITS TWO NAMED SUPPORTED ORGANIZATIONS (TREAS. REGS. SECTION 1.509(A)-4(H)). GLAS ALSO SUPPORTS ORGANIZATIONS DESCRIBED IN IRC SECTION 509(A)(1) AND (2) WHICH ARE AFFILIATED WITH THE SUPPORTED ORGANIZATIONS OR ARE 501(C)(3) PUBLIC CHARITIES AFFILIATED WITH THESE AFFILIATED ENTITIES. THEY ARE DESCRIBED BY CLASS. TO QUALIFY AS A SECTION 509(A)(3) SUPPORTING ORGANIZATION, AN ORGANIZATION MUST SUPPORT ONE OR MORE SPECIFIED ORGANIZATIONS. FOR TYPE II SUPPORTING ORGANIZATIONS, SPECIFIED ORGANIZATIONS CAN BE EITHER SPECIFIED BY NAME IN THE SUPPORTING ORGANIZATION'S ARTICLES OF INCORPORATION, OR THE ARTICLES MUST DESIGNATE THE SUPPORTED ORGANIZATION(S) BY CLASS OR PURPOSE AND WHICH INCLUDE PUBLICLY SUPPORTED ORGANIZATIONS WHICH ARE CLOSELY RELATED IN PURPOSE OR FUNCTION TO THE PUBLICLY SUPPORTED ORGANIZATIONS SPECIFIED IN THE ARTICLES. (TREAS. REGS. SECTION 1.509(A)-4(D)(2)(B)(2). HEREOF, THE LACK OF INCLUDING THE NAME OF THE AFFILIATED ORGANIZATIONS THAT GLAS WILL SUPPORT IN ITS ARTICLES OF INCORPORATION DOES NOT OTHERWISE DEFEAT GLAS'S STATUS AS A TYPE II SUPPORTING ORGANIZATION, BECAUSE ITS ARTICLES DESCRIBE THESE SUPPORTED ORGANIZATIONS BY CLASS (AFFILIATED WITH THE SPECIFIED SUPPORTED ORGANIZATION) AND REQUIRE THAT THEY BE EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3) AND DESCRIBED IN IRC SECTION 509(A)(1) OR (2).</p>

## 990 Schedule A, Supplemental Information

Return Reference	Explanation
FORM 990, SCH A, PART IV, SECTION A, LINE 6	GENERAL SERVICES PROVIDED TO GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. AND OTHER AFFILIATES: ADMINISTRATIVE, INFORMATION SYSTEMS, BILLING AND CODING, LAUNDRY, MEDICAL RECORDS, HUMAN RESOURCES, FINANCE, FACILITY OPERATIONS, CENTRAL SERVICES AND OTHER MISCELLANEOUS SERVICES. GLAS ALSO GIVES GRANTS TO QUALIFIED 501(C)(3) PUBLIC CHARITIES AND GOVERNMENTAL ENTITIES THAT SUPPORT THE MISSION OF GLAS AND THE ORGANIZATIONS THEY SUPPORT.



**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

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

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC	Employer identification number 39-1606449
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

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

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

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


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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). 
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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

(a) Filing organization's totals	(b) Affiliated group totals
219,416	242,328
219,416	242,328
830,211,483	2,142,825,123
830,430,899	2,143,067,451
1,000,000	1,000,000
250,000	781,949

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	219,895	243,711	231,180	242,328	937,114
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					



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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
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## TY 2019 Affiliated Group Schedule

**Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

**EIN:** 39-1606449

**Affiliated Group Business Name:** GUNDERSEN LUTHERAN ADMINISTR

**Address. Either US or Foreign Type:** 1910 S AVE  
LA CROSSE, WI 54601

**EIN:** 39-1606449

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 219,416

**Total Lobbying Expenditures:** 219,416

**Other Exempt Purpose Expenditures:** 830,211,483

**Total Exempt Purpose Expenditures:** 830,430,899

**Lobbying Nontaxable Amount:** 1,000,000

**Grassroots Nontaxable Amount:** 250,000

**Tot Lobbying Grassroot Minus Non** 0

**Tx:**

**Tot Lobby Expend Mns Lobbying Non** 0

**Tx:**

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** GUNDERSEN CLINIC LTD

**Address. Either US or Foreign Type:** 1836 SOUTH AVENUE  
LA CROSSE, WI 54601

**EIN:** 39-1028657

**Electing Organization Checkbox:**

**Total Grassroots Lobbying:** 0

**Total Direct Lobbying:** 22,912

**Total Lobbying Expenditures:** 22,912

**Other Exempt Purpose Expenditures:** 252,898,600

**Total Exempt Purpose Expenditures:** 252,921,512

**Lobbying Nontaxable Amount:** 1,000,000

**Grassroots Nontaxable Amount:** 250,000

**Tot Lobbying Grassroot Minus Non** 0

**Tx:**

**Tot Lobby Expend Mns Lobbying Non** 0

**Tx:**

**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** GUNDERSEN LUTHERAN MEDICAL C  
**Address. Either US or Foreign Type:** 1910 SOUTH AVENUE  
LA CROSSE, WI 54601  
**EIN:** 39-0813416  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 1,059,029,736  
**Total Exempt Purpose Expenditures:** 1,059,029,736  
**Lobbying Nontaxable Amount:** 1,000,000  
**Grassroots Nontaxable Amount:** 250,000  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

**Affiliated Group Business Name:** GUNDERSEN LUTHERAN HEALTH SY  
**Address. Either US or Foreign Type:** 1836 SOUTH AVENUE  
LA CROSSE, WI 54601  
**EIN:** 39-1866425  
**Electing Organization Checkbox:**   
**Total Grassroots Lobbying:** 0  
**Total Direct Lobbying:** 0  
**Total Lobbying Expenditures:** 0  
**Other Exempt Purpose Expenditures:** 685,304  
**Total Exempt Purpose Expenditures:** 685,304  
**Lobbying Nontaxable Amount:** 127,796  
**Grassroots Nontaxable Amount:** 31,949  
**Tot Lobbying Grassroot Minus Non Tx:** 0  
**Tot Lobby Expend Mns Lobbying Non Tx:** 0  
**Share Of Excess Lobbying:** 0

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES INC

Employer identification number 39-1606449

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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)
- Protection of natural habitat
- Preservation of open space
- Preservation of an historically important land area
- Preservation of a certified historic structure

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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)?
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:
(ii) 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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**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
<b>1a</b> Land . . . . .		8,769,845		8,769,845
<b>b</b> Buildings . . . . .		71,095,088	22,440,863	48,654,225
<b>c</b> Leasehold improvements		5,552,539	2,487,884	3,064,655
<b>d</b> Equipment . . . . .		162,928,613	121,277,909	41,650,704
<b>e</b> Other . . . . .		0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				102,139,429

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	524,163,093

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1606449

**Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHE D, PART X LINE 2	<p>INCOME TAX MATTERS (IN THOUSANDS) THE SYSTEM QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), WITH THE EXCEPTION OF DEGEN BERGLUND, INC. AND GUNDERSEN LUTHERAN ENVISION, LLC, WHICH ARE FOR-PROFIT ENTITIES. AT DECEMBER 31, 2019 AND 2018, NET DEFERRED TAX ASSETS OF \$6,900 AND \$7,574, RESPECTIVELY, WHICH PRIMARILY ARE RELATED TO NET OPERATING LOSS CARRYFORWARDS, HAVE VALUATION ALLOWANCES OF \$6,900 AND \$6,300, RESPECTIVELY, RECORDED AGAINST THEM DUE TO THE UNCERTAINTY OF REALIZING THOSE BENEFITS IN THE FUTURE. AT DECEMBER 31, 2019, THE SYSTEM'S FEDERAL NET OPERATING LOSS CARRYFORWARDS WERE APPROXIMATELY \$28,700, AND THE STATE NET OPERATING LOSS CARRYFORWARDS 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 EXAMINATION 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 COMPANIES 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. FOR TAX-EXEMPT ENTITIES, THE ACT ALSO REQUIRES ORGANIZATIONS TO CATEGORIZE CERTAIN FRINGE BENEFIT 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 INCOME OR LOSSES FROM UNRELATED BUSINESS ACTIVITIES ON AN ACTIVITY-BY-ACTIVITY BASIS, AMONG OTHER PROVISIONS. AT DECEMBER 31, 2019, THE SYSTEM HAS MADE A REASONABLE ESTIMATE OF THE TAX EFFECTS OF THE ENACTMENT OF THE ACT. CERTAIN REGULATORY GUIDANCE PROVIDES FOR A MEASUREMENT PERIOD OF UP TO ONE YEAR DURING WHICH THE ACCOUNTING FOR THE TAX EFFECTS OF THE ACT MAY BE COMPLETED. THE SYSTEM MAY RECORD FURTHER ADJUSTMENTS IN FUTURE PERIODS UPON OBTAINING, PREPARING, 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 REPORTED. THE SYSTEM WILL CONTINUE TO REVISE AND REFINE THE CALCULATIONS AS ADDITIONAL INTERNAL REVENUE SERVICE GUIDANCE IS ISSUED.</p>

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for 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 ADMINISTRATIVE SERVICES INC

Employer identification number

39-1606449

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCH I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE FUNDS ARE MONITORED BY MANAGEMENT AND THE BOARD OF TRUSTEES

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-1606449  
**Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GUNDERSEN LUTHERAN HEALTH SYSTEM INC 1836 SOUTH AVENUE LA CROSSE, WI 54601	39-1866425	501(C)(3)	443,460	200,000	BOOK VALUE	TRNSFR OF INVESTMT	SUPPORT
LA CROSSE MEDICAL HEALTH SCIENCE CONSORTIUM 1725 State Street La Crosse, WI 54601	39-1804725	501(C)(3)	118,830				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COULEE COUNCIL ON ADDICTIONS 921 West Ave S La Crosse, WI 54601	39-1129125	501(C)(3)	40,500				SUPPORT
LA CROSSE CITY TREASURER 400 La Crosse St La Crosse, WI 54601	39-6005490	GOV. entity	25,000				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREAT RIVERS UNITED WAY 1855 East Main St Onalaska, WI 54650	39-0848188	501(C)(3)	80,288				SUPPORT
LA CROSSE COMMUNITY FOUNDATION 401 Main St Suite 205 La Crosse, WI 54601	39-6037996	501(C)(3)	25,500				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCADIA EDUCATIONAL FOUNDATION 675 Raider Dr Arcadia, WI 54612	39-1622250	501(C)(3)	25,000				SUPPORT
LA CROSSE COUNTY HEALTH DEPT 300 N 4th St 2nd Floor La Crosse, WI 54601	39-6005709	GOV. entity	30,000				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LA CROSSE AREA CHAMBER OF COMMERCE 601 7th St N La Crosse, WI 54601	39-0414500	501(C)(6)	21,424				SUPPORT
BOYS AND GIRLS CLUBS OF GREATER LA CROSSE PO Box 91 La Crosse, WI 54602	39-6084791	501(C)(3)	16,200				SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SCHOOL DISTRICT OF LA CROSSE 807 East Ave La Crosse, WI 54601	39-6002841	GOV. entity	34,152				SUPPORT
AIDS RESOURCE CENTER OF WISCONSIN 820 N Plankinton Ave Milwaukee, WI 53203	39-1534049	501(C)(3)	10,000				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOSEPH'S FOUNDATION 400 Water Ave Hillsboro, WI 54634	39-1455787	501(C)(3)	10,000				SUPPORT
FAMILY AND CHILDRENS CENTER 1707 Main St La Crosse, WI 54601	39-0821863	501(C)(3)	10,000				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF WISCONSIN 2715 Losey Boulevard La Crosse, WI 54601	84-1267604	501(C)(3)	20,000				SUPPORT
FESTIVAL FOODS TURKEY TROT 1724 Lawrence Dr De Pere, WI 54115	39-1699966	501(C)(3)	7,500				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROTARY WORKS FOUNDATION PO Box 1571 La Crosse, WI 54602	93-0833338	501(C)(3)	6,000				SUPPORT
LA CROSSE SYMPHONY ORCHESTRA 201 Main St Suite 230 La Crosse, WI 54601	39-1024330	501(C)(3)	6,200				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RIVERS ALLIANCE INC 601 7th St N La Crosse, WI 54601	01-0938132	501(C)(3)	5,250				SUPPORT
LA CROSSE COLLABORATIVE TO END HOMELESSNESS PO Box 266 La Crosse, WI 54602	39-1896823	501(C)(3)	25,000				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS WISCONSIN 4860 Shaboygan Ave Madison, WI 53705	53-0196605	501(C)(3)	10,000				SUPPORT
MISSISSIPPI VALLEY CONSERVANCY 1309 Norplex Dr Suite 9 La Crosse, WI 54601	39-1871201	501(C)(3)	8,500				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEAD START CHILD & FAMILY 333 Buchner Place Wing A La Crosse, WI 54603	39-1619337	501(C)(3)	8,000				SUPPORT
YWCA LA CROSSE 3219 Commerce St La Crosse, WI 54603	39-0810543	501(C)(3)	6,325				SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WAFER FOOD PANTRY 403 Causeway Blvd La Crosse, WI 54603	30-1552632	501(C)(3)	6,000				SUPPORT
NEW HORIZONS SHELTER PO Box 2031 La Crosse, WI 54602	39-1737699	501(C)(3)	6,000				SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LA CROSSE AREA DEVELOPMENT CORPORATION 601 7th St N La Crosse, WI 54601	39-1168327	501(C)(6)	5,500				SUPPORT

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**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.**

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

Employer identification number  
39-1606449

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account  <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>1b</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		
<b>2</b>	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?		
<b>3</b>	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.  <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations  <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	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:		
<b>4a</b>	Receive a severance payment or change-of-control payment?	Yes	
<b>4b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>4c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>5a</b>	The organization?		No
<b>5b</b>	Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b>	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:		
<b>6a</b>	The organization?		No
<b>6b</b>	Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b>	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.		No
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCH J, PART I LINE 4A	2019 SEVERANCE PAYMENTS: ROSE ANN-LAURETO - \$70,583
FORM 990, SCH J, PART II	GUNDersen LUTHERAN ADMINISTRATIVE SERVICES, INC. PAID AN INDEPENDENT EMPLOYMENT AGENCY \$151,990 FOR MARK TERESI'S SERVICES AS INTERIM CFO.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 39-1606449  
**Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
 INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SCOTT RATHGABER MD CHIEF EXECUTIVE OFFICER	(i)	916,996	0	5,192	40,600	20,002	982,790	0
	(ii)	0	0	0	0	0	0	0
1KELLEY BAHR MD BOARD OF TRUSTEES - MEMBER	(i)	352,500	2,500	5,192	40,600	54	400,846	0
	(ii)	0	0	0	0	0	0	0
2JONATHAN ZLABEK MD BOARD OF TRUSTEES - MEMBER	(i)	336,996	6,500	4,928	40,600	21,502	410,526	0
	(ii)	0	0	0	0	0	0	0
3GREGORY THOMPSON MD BOARD OF TRUSTEES - MEMBER, CH	(i)	464,246	0	5,192	40,600	20,002	530,040	0
	(ii)	0	0	0	0	0	0	0
4DANA BENDEN MD BOARD OF TRUSTEES - MEMBER	(i)	470,792	2,500	500	40,600	6,216	520,608	0
	(ii)	0	0	0	0	0	0	0
5ROBYN BORGE MD BOARD OF TRUSTEES - MEMBER	(i)	267,500	2,500	4,192	38,882	54	313,128	0
	(ii)	0	0	0	0	0	0	0
6WILLIAM FARRELL CHIEF BUSINESS & STRATEGY OFFI	(i)	391,500	0	19,502	29,400	54	440,456	0
	(ii)	0	0	0	0	0	0	0
7MARILU BINTZ MD CHIEF POPULATION HEALTH OFFICE	(i)	591,908	0	5,192	40,600	7,410	645,110	0
	(ii)	0	0	0	0	0	0	0
8MARY ELLEN MCCARTNEY CHIEF HUMAN RESOURCES OFFICER	(i)	339,186	0	500	40,600	13,598	393,884	0
	(ii)	0	0	0	0	0	0	0
9MICHAEL DOLAN MD EXEC VP, MEDICAL CHIEF OPERATI	(i)	593,116	4,000	0	40,600	25,334	663,050	0
	(ii)	0	0	0	0	0	0	0
10 ELIZABETH SMITH-HOUSKAMP PHD RN ADMINISTRATIVE CHIEF OPERATING	(i)	432,500	0	4,692	40,600	54	477,846	0
	(ii)	0	0	0	0	0	0	0
11GERALD OETZEL CHIEF FINANCIAL OFFICER	(i)	454,234	0	40,653	40,600	12,668	548,155	0
	(ii)	0	0	0	0	0	0	0
12MARY KUFFEL MD MEDICAL VICE PRESIDENT	(i)	505,912	2,500	4,692	40,600	1,446	555,150	0
	(ii)	0	0	0	0	0	0	0
13P MICHAEL JACOBS DPM MEDICAL VICE PRESIDENT	(i)	381,496	0	4,692	40,600	21,496	448,284	0
	(ii)	0	0	0	0	0	0	0
14TODD KOWALSKI MD MEDICAL VICE PRESIDENT	(i)	372,996	2,500	0	40,600	24,712	440,808	0
	(ii)	0	0	0	0	0	0	0
15STEPHANIE CARROLL MD MEDICAL VICE PRESIDENT	(i)	321,496	7,500	0	37,914	23,487	390,397	0
	(ii)	0	0	0	0	0	0	0
16BRYAN ERDMANN ADMINISTRATIVE VICE PRESIDENT	(i)	265,097	0	2,884	39,331	25,394	332,706	0
	(ii)	0	0	0	0	0	0	0
17MICHAEL MCKEE ADMINISTRATIVE VICE PRESIDENT	(i)	220,496	0	500	32,842	24,628	278,466	0
	(ii)	0	0	0	0	0	0	0
18LISA WIED ADMINISTRATIVE VICE PRESIDENT	(i)	220,996	0	3,376	31,936	21,002	277,310	0
	(ii)	0	0	0	0	0	0	0
19KRAIG SCHUSTER ADMINISTRATIVE VICE PRESIDENT	(i)	232,096	0	1,111	32,682	24,686	290,575	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21KARI ADANK VICE PRESIDENT COMPLIANCE	(i)	210,246	0	0	30,994	21,952	263,192	0
	(ii)	0	0	0	0	0	0	0
1PAMELA MAAS VICE PRESIDENT BUSINESS DEVELO	(i)	238,750	0	3,795	34,619	54	277,218	0
	(ii)	0	0	0	0	0	0	0
2JANINE LUZ VICE PRESIDENT LEARNING	(i)	175,994	3,000	2,967	26,354	14,678	222,993	0
	(ii)	0	0	0	0	0	0	0
3MICHAEL O'NEILL VICE PRESIDENT STRATEGY EXECUT	(i)	180,943	0	2,293	26,732	19,002	228,970	0
	(ii)	0	0	0	0	0	0	0
4ELLEN PEDRETTI-FENDT VICE PRESIDENT APPLICATION SER	(i)	179,980	5,450	500	27,136	15,161	228,227	0
	(ii)	0	0	0	0	0	0	0
5DANIEL P BREAZEALE VICE PRESIDENT FINANCE	(i)	229,946	0	35,130	24,512	19,002	308,590	0
	(ii)	0	0	0	0	0	0	0
6COLLIN DRISCOLL MD MEDICAL DOCTOR	(i)	900,496	0	5,192	40,600	19,002	965,290	0
	(ii)	0	0	0	0	0	0	0
7KURT MUELLER MD MEDICAL DOCTOR	(i)	696,788	0	91,410	40,600	17,416	846,214	0
	(ii)	0	0	0	0	0	0	0
8MARTIN KOOP DDS MEDICAL DOCTOR	(i)	838,412	2,500	500	40,600	6,444	888,456	0
	(ii)	0	0	0	0	0	0	0
9STEVEN WHITFORD MD MEDICAL DOCTOR	(i)	854,096	2,500	76,154	40,600	21,402	994,752	0
	(ii)	0	0	0	0	0	0	0
10JEFFREY LAWRENCE MD MEDICAL DOCTOR	(i)	1,193,255	0	5,192	40,600	19,002	1,258,049	0
	(ii)	0	0	0	0	0	0	0
11JEFFREY THOMPSON MD FORMER CEO	(i)	251,396	0	28,813	40,600	21,584	342,393	0
	(ii)	0	0	0	0	0	0	0
12ROSE ANN-LAURETO CHIEF INFORMATION OFFICER	(i)	342,186	0	72,083	40,600	11,170	466,039	0
	(ii)	0	0	0	0	0	0	0
13GARITH STEINER VICE PRESIDENT	(i)	251,033	0	180	32,276	3,585	287,074	0
	(ii)	0	0	0	0	0	0	0
14MARK TERESI INTERIM CFO THRU 03/19	(i)	151,990	0	0	0	0	151,990	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://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 ADMINISTRATIVE SERVICES  
INC

Employer identification number

39-1606449

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> WHEFA SERIES 2011A ISSUANCE	39-1337855	97710BJ78	09-29-2011	162,468,632	SEE PART VI		X		X		X
<b>B</b> WHEFA SERIES 2016 ISSUANCE	39-1337855	000000000	02-12-2016	40,000,000	SEE PART VI		X		X		X
<b>C</b> WHEFA SERIES 2009 ISSUANCE	39-1337855	97710BE65	10-01-2012	78,715,000	SEE PART VI		X		X		X
<b>D</b> WHEFA SERIES 2008B ISSUANCE	39-1337855	97710BBG6	10-01-2012	61,400,000	SEE PART VI		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired . . . . .		43,420,000		0		11,410,000		0
<b>2</b> Amount of bonds legally defeased . . . . .		0		0		0		0
<b>3</b> Total proceeds of issue . . . . .		162,563,722		40,000,000		78,715,000		61,400,000
<b>4</b> Gross proceeds in reserve funds . . . . .		0		0		0		0
<b>5</b> Capitalized interest from proceeds . . . . .		0		0		0		0
<b>6</b> Proceeds in refunding escrows . . . . .		0		0		0		0
<b>7</b> Issuance costs from proceeds . . . . .		1,938,913		0		0		0
<b>8</b> Credit enhancement from proceeds . . . . .		0		0		0		0
<b>9</b> Working capital expenditures from proceeds . . . . .		0		0		0		0
<b>10</b> Capital expenditures from proceeds . . . . .		70,962,497		0		0		0
<b>11</b> Other spent proceeds . . . . .		89,662,312		40,000,000		78,715,000		61,400,000
<b>12</b> Other unspent proceeds . . . . .		0		0		0		0
<b>13</b> Year of substantial completion . . . . .	2014		2016		2005		2008	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X		X		X	
<b>15</b> Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %		0 %		0 %		0 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %		0 %		0 %		0 %
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		0 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X		X		X		X	
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .	X			X	X		X	
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .		0.015 %		0 %		0.508 %		
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

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



**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PART I BOND ISSUES: LINE A	(A)ISSUER NAME: WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2011A

<b>Return Reference</b>	<b>Explanation</b>
PART I BOND ISSUES: LINE B	(A) ISSUER NAME: WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2016B

<b>Return Reference</b>	<b>Explanation</b>
PART I BOND ISSUES: LINE C	(A) ISSUER NAME: WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2009

<b>Return Reference</b>	<b>Explanation</b>
PART I BOND ISSUES: LINE D	(A) ISSUER NAME: WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY SERIES 2008B

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

Employer identification number

39-1606449

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> WHEFA SEREIS 2012 ISSUANCE	39-1337855	97710B4B5	09-27-2012	71,789,897	SEE PART VI		X		X		X
<b>B</b> WHEFA SERIES 2015 ISSUANCE	39-1337855	000000000	12-23-2015	12,000,000	SEE PART VI		X		X		X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired . . . . .	1,170,000	4,620,000		
<b>2</b> Amount of bonds legally defeased . . . . .	0	0		
<b>3</b> Total proceeds of issue . . . . .	71,890,166	12,044,550		
<b>4</b> Gross proceeds in reserve funds . . . . .	0	0		
<b>5</b> Capitalized interest from proceeds . . . . .	0	0		
<b>6</b> Proceeds in refunding escrows . . . . .	0	0		
<b>7</b> Issuance costs from proceeds . . . . .	961,054	0		
<b>8</b> Credit enhancement from proceeds . . . . .	0	0		
<b>9</b> Working capital expenditures from proceeds . . . . .	0	0		
<b>10</b> Capital expenditures from proceeds . . . . .	70,929,112	12,044,550		
<b>11</b> Other spent proceeds . . . . .	0	0		
<b>12</b> Other unspent proceeds . . . . .	0	0		
<b>13</b> Year of substantial completion . . . . .	2014	2017		
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		X
<b>15</b> Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PART I BOND ISSUES: LINE F	A. CURRENTLY REFUNDED THE 2000 SERIES A AND B ISSUED 10.10.2000 2008 SERIES A ISSUED 5.29.2008 AND NEW MONEY FOR CONSTRUCTION AND EQUIPPING OF HOSPITAL FACILITIES AND COSTS OF ISSUANCE INVESTMENT EARNINGS B. PROCEEDS OF THE SERIES 2016 BONDS WERE USED TO CURRENTLY REFUND, IN THEIR ENTIRETY, THE WISCONSIN HEALTH AND EDUCATIONAL FACILITY VARIABLE RATE REVENUE BONDS, SERIES 2011B (GUNDERSEN LUTHERAN) C. CONVERSION AND REISSUANCE OF 2009 BONDS, ORIGINALLY ISSUED 5.22.2009 TO FINANCE CONSTRUCTION AND EQUIPPING OF HOSPITAL FACILITIES AND CURRENTLY REFUND THE SERIES 2003B/C BONDS D. CONVERSION AND REISSUANCE OF 2008 BONDS, ORIGINALLY ISSUED 5.29.2008 TO FINANCE THE REPAYMENT OF A LINE OF CREDIT USED TO REPAY THE SERIES 2006 BONDS, WHICH FINANCED THE CONSTRUCTION AND EQUIPPING OF HEALTH CARE FACILITIES AND COSTS OF ISSUANCE E. NEW MONEY FOR CONSTRUCTION AND EQUIPPING OF HOSPITAL AND COSTS OF ISSUANCE F. NEW MONEY FOR CONSTRUCTION AND EQUIPPING OF A CLINIC. INVESTMENT EARNINGS

<b>Return Reference</b>	<b>Explanation</b>
PART II LINE 3	A. THE DIFFERENCE BETWEEN THE ISSUE PRICE OF THE BOND AND TOTAL PROCEEDS OF THE ISSUE IS DUE TO INVESTMENT EARNINGS. E. THE DIFFERENCE BETWEEN THE ISSUE PRICE OF THE BOND AND TOTAL PROCEEDS OF THE ISSUE IS DUE TO INVESTMENT EARNINGS. F. THE DIFFERENCE BETWEEN THE ISSUE PRICE OF THE BOND AND TOTAL PROCEEDS OF THE ISSUE IS DUE TO INVESTMENT EARNINGS.



<b>Return Reference</b>	<b>Explanation</b>
SCH K PART III LINE 7	Gundersen answered yes to be conservative, as it does not monitor the private security test. Instead, Gundersen closely monitors the private use of its bond-financed assets and routinely takes steps to limit private use. Gundersen manages compliance through its private use monitoring.

Return Reference	Explanation
SCH K PART III LINES 8A & 8C	Gundersen had a sale of a bond financed asset from the 2008B issuance. Bonds allocable to the sale proceeds of that asset in an amount of \$800.00 were redeemed on 7/15/15 in order to remediate that sale.

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

**Employer identification number**  
39-1606449

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) WILLIAM FARRELL	EMPLOYEE - SR. VP	BONUS/RELOCATION		X	40,000	11,390		No	Yes		Yes	
(2) DANIEL BREAZEALE	EMPLOYEE - VP FINANCE	BONUS/RELOCATION		X	30,000	24,258		No	Yes		Yes	
(3) GERALD OETZEL	EMPLOYEE - CFO	BONUS/RELOCATION		X	45,000	9,636		No	Yes		Yes	
<b>Total</b>						45,284						

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

Return Reference	Explanation
FORM 990, SCH L, PART IV	<p>BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SEAN AGGER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF WILLIAM AGGER, M.D., FORMER DIRECTOR (A) NAME OF PERSON: JAMES KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF KATHLEEN KLOCK, FORMER KEY EMPLOYEE (A) NAME OF PERSON: BELINDA KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF KATHLEEN KLOCK, FORMER KEY EMPLOYEE (A) NAME OF PERSON: APRIL FARRELL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF WILLIAM FARRELL, KEY EMPLOYEE (A) NAME OF PERSON: BRENDA WHITE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF GERALD ARNDT, DIRECTOR (A) NAME OF PERSON: JONATHAN KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF KATHLEEN KLOCK, FORMER KEY EMPLOYEE (A) NAME OF PERSON: MARGARET WEBSTER, M.D. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF MARK GLENDENNING, DIRECTOR (A) NAME OF PERSON: RICARDO RIVERA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF JULIO BIRD, M.D., DIRECTOR (A) NAME OF PERSON: MEGAN KLOCK (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF KATHLEEN KLOCK, FORMER KEY EMPLOYEE (A) NAME OF PERSON: SHANNAN STEPHENS, M.D. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF KELLEY BAHR, M.D., DIRECTOR (A) NAME OF PERSON: INGRI GUNDERSEN LOMBARDI (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF SIGURD GUNDERSEN III, M.D., DIRECTOR (A) NAME OF PERSON: JOHN HOUSKAMP, M.D. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF ELIZABETH SMITH-HOUSKAMP, R.N., OFFICER (A) NAME OF PERSON: TIFFANY KIMBALL (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF WILLIAM FARRELL, KEY EMPLOYEE (A) NAME OF PERSON: SCOTT WIED (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF LISA WIED, KEY EMPLOYEE (A) NAME OF PERSON: KARL BORGE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF ROBYN BORGE, DIRECTOR (A) NAME OF PERSON: NOEL RADCLIFFE, M.D. (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF RICHARD RADCLIFFE, DIRECTOR (A) NAME OF PERSON: JAMES KLEVEN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF JENNIFER KLEVEN, M.D., DIRECTOR (A) NAME OF PERSON: DAN HOWARD (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF GARITH STEINER, KEY EMPLOYEE (A) NAME OF PERSON: DEBORAH SCHWARTZ (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF JOHN SCHWARTZ, KEY EMPLOYEE (A) NAME OF PERSON: SARA BATTISON (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF SIGURD GUNDERSEN III, M.D., DIRECTOR (C) NAME OF PERSON: ALYSSA HOUSKAMP (D) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF BETH SMITH-HOUSKAMP, OFFICER</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-1606449

**Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEAN AGGER	SEE SUPPLEMENTAL INFO	222,246	EMPLOYMENT		No
(1) James Klock	See Supplemental Info	127,821	EMPLOYMENT		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(3) Belinda Klock	See Supplemental Info	77,682	EMPLOYMENT		No
(1) Jonathan Klock	See Supplemental Info	129,780	EMPLOYMENT		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(5) Megan Klock	See Supplemental Info	71,071	EMPLOYMENT		No
(1) Brenda White	See Supplemental Info	35,977	EMPLOYMENT		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(7) Margaret Webster MD	See Supplemental Info	152,336	Employment		No
(1) Ricardo Rivera	See Supplemental Info	108,030	Employment		No



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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(9) Shannan Stephens MD	See Supplemental Info	336,585	Employment		No
(1) Ingri Gundersen Lombardi	See Supplemental Info	46,862	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(11) John Houskamp MD	See Supplemental Info	324,714	Employment		No
(1) Scott Wied	See Supplemental Info	115,715	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(13) Karl Borge	See Supplemental Info	257,428	Employment		No
(1) Noel Radcliffe MD	See Supplemental Info	247,060	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(15) April Farrell	See Supplemental Info	695,848	Employment		No
(1) Tiffany Kimball	See Supplemental Info	43,100	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(17) Battison Sara	See Supplemental Info	37,671	Employment		No
(1) Kleven James	See Supplemental Info	446,046	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(19) Houskamp Alyssa	See Supplemental Info	45,209	Employment		No
(1) Howard Dan	See Supplemental Info	63,757	Employment		No

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

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
(21) Deborah Schwartz	See Supplemental Info	82,885	Employment		No

**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

Employer identification number

39-1606449

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	DESCRIPTION OF ORGANIZATION MISSION: TO SUPPORT GUNDERSEN LUTHERAN HEALTH SYSTEM, INC.'S PROGRAMS OF HEALTH CARE, MEDICAL EDUCATION, MEDICAL RESEARCH AND COMMUNITY HEALTH PROMOTION ACTIVITIES WITHIN THE MEANING OF SECTION 509(A)(3) OF THE IRC; BORROWING AND LENDING OF FUNDS AND PROPERTY, ENGAGING IN FINANCIAL TRANSACTIONS WITH AND/OR ON BEHALF OF THE GUNDERSEN LUTHERAN HEALTH SYSTEM, INC., ALONG WITH GENERAL SERVICES PROVIDED TO GUNDERSEN CLINIC, LTD. AND GUNDERSEN LUTHERAN MEDICAL CENTER, INC.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 2	<p>MARK GLENDENNING AND GERALD ARNDT - BUSINESS RELATIONSHIP FORM 990 PART VI LINE 6 GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF THIS ORGANIZATION. FORM 990 PART VI LINE 7A GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. FORM 990 PART VI LINE 7B GUNDERSEN LUTHERAN HEALTH SYSTEM, INC., THE PARENT CORPORATION AND SOLE MEMBER OF THE CORPORATION, SHALL HAVE THE POWER, TO RECOMMEND AND REVIEW, AS APPROPRIATE, AND APPROVE CERTAIN MATTERS. ARTICLES OF INCORPORATION MAY BE AMENDED BY VOTE OF THE SOLE MEMBER OF THE CORPORATION. FORM 990 PART VI LINE 11B THE FORM 990 WILL BE AVAILABLE FOR ALL BOARD MEMBERS AT A BOARD MEETING AND THE GUNDERSEN LUTHERAN HEALTH SYSTEM FINANCE COMMITTEE RECEIVES A COPY OF THE 990 BEFORE FILING AND UPON FURTHER REVIEW FROM THE CFO AND/OR THE EXECUTIVE DIRECTOR FINANCE, THE 990S ARE APPROVED AND FILED. FORM 990 PART VI LINE 12C GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. MONITORS CONFLICTS ON AN ANNUAL BASIS BY REVIEWING DISCLOSURES ON COMPLETED CONFLICT OF INTEREST STATEMENTS. FORM 990 PART VI LINE 15A THE COMPENSATION OF THE CEO IS DETERMINED ANNUALLY BY A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES. THEIR DETERMINATION IS MADE AFTER A REVIEW OF MARKET DATA OBTAINED FROM SEVERAL ORGANIZATIONS AND CEO PERFORMANCE. MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE SUCH DISCUSSIONS TAKE PLACE. RECOMMENDATIONS FOR COMPENSATION FOR THE ORGANIZATIONS' KEY MANAGEMENT EMPLOYEES ARE DEVELOPED ANNUALLY BY THE CEO, AFTER A REVIEW OF PERFORMANCE AND COMPARABLE MARKET DATA. THE PROPOSED SALARIES ARE INDEPENDENTLY REVIEWED BY AN OUTSIDE AUDITING FIRM. THE COMPENSATION RECOMMENDATIONS, AUDIT REPORTS, ALONG WITH THE MARKET DATA, ARE PRESENTED TO A COMMITTEE MADE UP OF THE COMMUNITY MEMBERS OF THE BOARD OF TRUSTEES. THE COMPENSATION AMOUNTS ARE NOT EFFECTIVE UNTIL THE BOARD COMMITTEE APPROVES THEM. MEETING MINUTES ARE TAKEN AND KEPT AT THE MEETINGS WHERE THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE KEY EMPLOYEES. FORM 990 PART VI LINE 19 REQUESTS FOR ALL DOCUMENTS ARE MADE THROUGH THE LEGAL DEPARTMENT, AND THE APPROPRIATE DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION IN THE LEGAL DEPARTMENT.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 3A	GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. OPERATES IN CONJUNCTION WITH A GROUP OF OTHER AFFILIATED CORPORATIONS GOVERNED BY GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. AS SUCH, ANY FEDERAL AWARDS TO GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC. UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND UNIFORM GUIDANCE.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

**Employer identification number**  
39-1606449

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

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

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

See Additional Data Table

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

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

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

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

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

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

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

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

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

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCH R, PART IV, LINES 1 & 2	DEGEN BERGLUND, INC. AND GUNDERSEN LUTHERAN ENVISION, LLC ARE DIRECTLY OWNED BY GUNDERSEN LUTHERAN HEALTH SYSTEM, INC. AND INDIRECTLY OWNED BY GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES, INC.

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 39-1606449

**Name:** GUNDERSEN LUTHERAN ADMINISTRATIVE SERVICES  
INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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	HEALTHCARE	WI	501(C)(3)	Line 3	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54061 39-1028657	HEALTHCARE	WI	501(C)(3)	Line 3	GLHS		No
1836 SOUTH AVENUE LA CROSSE, WI 54061 39-1249705	FOUNDATION	WI	501(C)(3)	Line 7	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54061 39-1856898	CREDENTIALING	WI	501(C)(3)	Line 12C II	GLHS		No
18601 LINCOLN STREET WHITEHALL, WI 54773 39-0704510	HEALTHCARE	WI	501(C)(3)	Line 3	GLHS		No
815 MAIN AVENUE SOUTH HARMONY, MN 55939 41-0711606	HEALTHCARE	MN	501(C)(3)	Line 10	GLHS		No
125 FIFTH AVENUE SE SPRING GROVE, MN 55974 41-1565003	HEALTHCARE	MN	501(C)(3)	Line 10	GLHS		No
235 CAUSEWAY BOULEVARD LA CROSSE, WI 54601 39-1965415	MDCL TRANSP	WI	501(C)(3)	Line 3	GLHS		No
235 CAUSEWAY BOULEVARD LA CROSSE, WI 54601 39-1962965	MDCL TRANSP	WI	501(C)(3)	Line 10	GLHS		No
1910 SOUTH AVENUE LA CROSSE, WI 54601 39-1480826	HOUSING	WI	501(C)(3)	Line 12C II	GLHS		No
1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1586700	INDP LIVING	WI	501(C)(3)	Line 10	LRHC		No
1900 SOUTH AVENUE LA CROSSE, WI 54601 39-1751934	INDP LIVING	WI	501(C)(3)	Line 10	LRHC		No
400 WATER AVENUE HILLSBORO, WI 54634 39-0929538	HEALTHCARE	WI	501(C)(3)	Line 3	GLHS		No
400 WATER AVENUE HILLSBORO, WI 54634 39-1455787	FOUNDATION	WI	501(C)(3)	Line 12A I	SJHS		No
18601 LINCOLN STREET WHITEHALL, WI 54773 30-0093022	FOUNDATION	WI	501(C)(3)	Line 12A I	TCMH		No
205 PARKER STREET BOSCOBEL, WI 53805 39-0845590	HEALTHCARE	WI	501(C)(3)	Line 3	GLHS		No
205 PARKER STREET BOSCOBEL, WI 53805 39-1688793	FUNDRAISING	WI	501(C)(3)	Line 7	MHB		No
205 PARKER STREET BOSCOBEL, WI 53805 45-0498844	FUNDRAISING	WI	501(C)(3)	Line 7	MHB		No
112 JEFFERSON STREET WEST UNION, IA 52175 42-1320763	HEALTHCARE	IA	501(C)(3)	Line 3	GLHS		No



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
112 JEFFERSON STREET WEST UNION, IA 52175 42-1032878	FOUNDATION	IA	501(C)(3)	Line 7	PLHC		No
402 WEST LAKE STREET FRIENDSHIP, WI 53934 39-0944012	HEALTHCARE	WI	501(C)(3)	Line 3	GLHS		No
402 WEST LAKE STREET FRIENDSHIP, WI 53934 39-1775074	FOUNDATION	WI	501(C)(3)	Line 12A I	MMHC		No