	Form	990-T	Ex	tempt Organization tand proxy tax			rn	OMB No 1545-0047			
	For calendar year 2019 or other tax year beginni						<u>,, </u>	<u>എ</u>)@ 40		
							20 ——	' <u>2</u> w 19			
		ment of the Treasury I Revenue Service	,_,,,, }	Open to Pi	ublic Inspection for Organizations Only						
-	. 1	Check box if	▶ 00	Name of organization (Check be			oation number				
	` _	address changed		Name of organization (Check bo	lame of organization (Check box if name changed and see instructions)						
i		mpt under section]	GUNDERSEN LUTHERAN I				39-1866425			
	$\overline{}$	don't don't or								as astuutu sads	
	\vdash	408(e) 220(e) 408A 530(a)	ibbe	1836 SOUTH AVENUE, N	E Unrelated business activity code (See instructions)						
	\vdash	529(a)		City or town, state or province, country			1				
Ċ		k value of all assets		LA CROSSE, WI 54601	52	52					
		nd of year		up exemption number (See instructi	•			_,			
_				ck organization type 🕨 X 501			1(c) trust	40 <u>1(a)</u>	trust	Other trust	
I				nization's unrelated trades or busines	sses			-	the only (or first) unrelated		
		de or business hei		ne, complete Parts		-	describe the				
		•		end of the previous sentence, con	nplete	Parts I and II, complete	a Schedule M for ea	ich additio	nal		
		ide or business, th		ete Parts III-V corporation a subsidiary in an affili	n, controlled group?		$\overline{}$	Yes X No			
				identifying number of the parent cor	_	, ,	ry controlled group?				
-				CRALD OETZEL	porati		none number ▶ 60	08-775	-7914		
ĺ				or Business Income		(A) Income	(B) Expei		$\overline{}$	(C) Net	
	1 a	Gross receipts or	sales								
	b	Less returns and allowa	'	c Balance ▶	1c						
	2	Cost of goods so	ld (Sched	ule A, line 7)	2						
	3	•		2 from line 1c	3						
2	4 a			ttach Schedule D)	4a						
202	b	• , , ,		Part II, line 17) (attach Form 4797)	4b 4c						
-	C	•	ction for trusts			544,912	7 7 7 7 7 1 1		 	544,912.	
2	5	Rent Income (Schedule C)		<u>5</u>	344, 312	CONTRACTOR A	ecres of the		344, 912.		
JAN	6 7				7			RECE	IVED	<u>, u</u>	
							<u> </u>			121	
NNED	9				9		g N	04 1	7 2020	3	
岁.	10		ot activity income (Schedule I)				الله الله		1 177	16	
Z	11	Advertising incon						OGDE	IV, UT		
\circ	12										
(J?	13			ough 12					1	544,912.	
	Par			Taken Elsewhere (See instr ne unrelated business incom		ons for limitations of	n deductions.) (Deducti	ons must	t be directly	
-	14	Compensation of	officers,	directors, and trustees (Schedule K)				14	1		
	15	Salaries and wage	es					15			
	16	Repairs and main	itenance					16			
•	17										
•	18			(see instructions)					 		
	19							19	 	53,186.	
	20	Depreciation (atta	ach Form	4562)		20			1		
	21 22	Designation	i ciaimeo	on Schedule A and elsewhere on re	eturn		21b				
	22 23			compensation plans							
	24		to deferred compensation plans						_		
	25			Schedule I)							
	26			chedule J)							
	27			chedule)					2,200.		
:	28									55,386.	
:	29	Unrelated busine	ss taxab	le income before net operating	loss	deduction Subtract lii	ne 28 from line	13 29		489,526.	
;	30		-	g loss arising in tax years beginnin						100 505	
	31									489,526.	
	or P	aperwork Reduct	ION ACT N	iotice, see instructions.				7.1	~ A ^{For}	m 990-T (2019)	

Par	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			·
	instructions)	. 32	489	,526.
33 .	Amounts paid for disallowed fringes	1		-
34	Charitable contributions (see instructions for limitation rules)			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line	` 		
55	34 from the sum of lines 32 and 33		489	,526.
26				, 520.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 1		
	Instructions)			F26
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			,526.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	· 1	 ¹	,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	,		
	enter the smaller of zero or line 37	. 39	488	,526
Pai	t IV Tax Computation			·
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40	102	,590.
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 41		
42	Proxy tax. See instructions			
43	Alternative minimum tax (trusts only)	1		
44	Tax on Noncompliant Facility Income See instructions			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		102	2,590.
	t V Tax and Payments	. 45		,
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	- 		
		\dashv \mid		
	Other credits (see instructions)	-		
	General business credit Attach Form 3800 (see instructions)	-		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	- <u>, ,</u>		
	Total credits. Add lines 46a through 46d , , , , , , , , , , , , , , , , , , ,	_	100	
47	Subtract line 46e from line 45		102	590.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			
49	Total tax. Add lines 47 and 48 (see instructions)		102	,590.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50		
	Payments A 2018 overpayment credited to 2019	⊣		
	2019 estimated tax payments			
C	Tax deposited with Form 8868	<u>.</u>		
d	Foreign organizations Tax paid or withheld at source (see instructions)	_,		
е	Backup withholding (see instructions)	_}		
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments Add lines 51a through 51g	. 52	118	,000.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	\neg \vdash \vdash		640
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55	14	,770.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶14,770. Refunded ▶	├		
	t VI Statements Regarding Certain Activities and Other Information (see instruction			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of		authority Ye	s No
31	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			-
		•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	s roreign	country	x
	here >		<u> </u>	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust	′···-	+^
	If "Yes," see instructions for other forms the organization may have to file			
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			1
	Under penalties of penury I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct and complete Declaration of preparer (pther than taxpayer) is based on, all information of which preparer has any knowledge	best of m	y knowledge and b	belief it i
Sig		May the	IRS, discuss this	return
Her			Y	
	e / Xlndd Ce / 1//6/2020 CFO		preparer shown	below
	6 1 1/1/6/2020 - 1		ons)? Yes	No
	Signature of officer Date Title Print/Type preparer's name Preparer's signature Date Chi	with the	ons)? Yes	
Paid	Signature of officer Date Title Print/Type preparer's name JESS WAGENER Preparer's signature 11/04/2020 Chrisel	with the (see instruction eck if	PTIN P016226	No 613
Paid Prej	Signature of officer Print/Type preparer's name JESS WAGENER Firm's name ► ERNST & YOUNG U.S. LLP Firm's name	with the (see instruction eck if-employed if-employed if seln if if-employed in its elimination in its elimi	PTIN	No. 613

Form 990-T (2019)											Page 3
Schedule A - Cost of Go	oods Sold. Er	ter method	of invent	ory va	luation	> .			-		
1 Inventory at beginning of y							ar	6			
2 . Purchases							ld. Subtract line				
3 Cost of labor	3			6	from I	ne 5 Enter	here and in Part				
4a Additional section 263A co	osts	`		1,	, line 2			. 7			
(attach schedule)	4a						section 263A (espect to	Yes	No
b Other costs (attach schedu	ile) . 4b			р	roperty	produced	or acquired fo	r resale) apply			
5 Total. Add lines 1 through				te	o the org	anization?	,				Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal P	roperty	Leased V	Vith Real Prope	rty)			
(see instructions)											
Description of property										_	
(1)											
(2)											
(3)											
(4)							,				
	2. Rent recei	ved or accrue	ed]				
(a) From personal property (if the for personal property is more the more than 50%)	percenta	rom real and age of rent fo if the rent is	or persor	nal propert	y exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)				
(1)							-				
(2)							· · · · · · · · · · · · · · · · · · ·				
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter					(b) Total deduction Enter here and o	ons.	1		
here and on page 1, Part I, line 6		•					Part I, line 6, colu				
Schedule E - Unrelated D			e instructi	ions)				`			
			2 Gross	income	from or	3 [Deductions directly co			ole to	
				to debt-financed			debt-finan ht line depreciation	(b) Other deductions			
		property				(attach schedule)		(attach schedule)			
(1)											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	sted basis ble to property edule) 6 Column 4 divided by column 5					income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)	`	<u> </u>		-	%						
(2)	1				<u> </u>						
(3)					%			-			
(4)					%						
						Enter her Part I, lir	re and on page 1, ne 7, column (A)		er here and o		
Totals											

Form **990-T** (2019)

Schedule F - Interest, Ann	unics, regulie			ntrolled Or				5113 (36)	e manden	01137		
Name of controlled organization	2 Employer identification numb	JEI		ated income nstructions)		of specified ints made		5 Part of column 4 that included in the controlling organization's gross inco		olling	6 Deductions directly connected with income in column 5	
(1)			•									
(2)			_									
(3)					ļ	_					_	
(4)					1							
Nonexempt Controlled Organiz	zations	·									 	
7. Taxable Income	8 Net unrelated ii (loss) (see instruc				tal of specified ments made		10 Part of column included in the colorganization's gross		introlling coni		Deductions directly nnected with income in column 10	
(1)												
(2)												
(3)												
(4)						<u> </u>		olumns 5 a			dd columns 6 and 11	
Totals	ncome of a Sec	 ction 501	 (c)(7),	(9), or (1)	▶ 7) Orga	Pa	art I, I	ere and on ine 8, colui	mn (A)		ter here and on page 1, irt I, line 8, column (B)	
1 Description of income	2 Amount of	fıncome		3 Dedu directly co (attach so	nnected				t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)	Enter here and											
Totals ▶ Schedule I- Exploited Exe	Part I, line 9, c	olumn (A)	ther Th	an Advert	isina Ir	ocom/	a (se	a instru	ctions)		Enter here and on page Part I, line 9, column (B)	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direc connecte product unrela business	nses tly ed with ion of ited	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)				 							·	
(2)	-											
(3)	,										*	
(4)												
	page 1,	ter here and on age 1, Part I, le 10, col (B)					Enter here and on page 1, Part II, line 25					
Totals ▶ Schedule J- Advertising Ir	100me (222 := 242	uotions\		<u> </u>		-					<u> </u>	
	•		`onoe!	idated Da	cic							
Part I Income From Per	logicals Report	eu on a (JUNSOL	idated Ba	515							
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income			6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))				<u>L</u>							Form 990-T (2019	

%

%

%

(2)

(3)

(4)

Total Enter here and on page 1, Part II, line 14. . .

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising 2 minus col 3) If mınus column 5, but advertising costs ıncome costs a gain, compute not more than income cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 26 Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to time devoted to 2 Title unrelated business business (1) %

Form 990-T (2019)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

CAPTIS HEALTH, LLC K-1

544,912.

INCOME (LOSS) FROM PARTNERSHIPS

544,912.

ATTACHMENT 2

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

TAX PREPARATION FEES

٠.

2,200.

PART II - LINE 27 - OTHER DEDUCTIONS

2,200.