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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 41-0919153	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		E Telephone number (507) 532-9661	
C Name of organization AVERA MARSHALL		G Gross receipts \$ 60,402,102	
Doing Business As AVERA MARSHALL REGIONAL MEDICAL CENTER			
Number and street (or P O box if mail is not delivered to street address) Room/suite 300 S BRUCE STREET			
City or town, state or country, and ZIP + 4 MARSHALL, MN 562581934			
F Name and address of principal officer MARY MAERTENS 300 S BRUCE STREET MARSHALL, MN 562581934		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I 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		H(c) Group exemption number ▶	
J Website: WWW.AVERAMARSHALL.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1944	M State of legal domicile MN

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTION OF HEALTH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	549
6 Total number of volunteers (estimate if necessary)	6	164	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	173,827	
b Net unrelated business taxable income from Form 990-T, line 34	7b	68,524	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	133,845	44,074
	9 Program service revenue (Part VIII, line 2g)	54,851,086	59,375,224
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,397,545	386,468
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,792	64,848
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,454,268	59,870,614
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,360	107,577
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,616,555	30,979,690
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 137,570		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,711,457	26,561,215
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	51,389,372	57,648,482
	19 Revenue less expenses Subtract line 18 from line 12	5,064,896	2,222,132
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	70,020,471	68,563,515
	21 Total liabilities (Part X, line 26)	26,839,447	24,190,136
	22 Net assets or fund balances Subtract line 21 from line 20	43,181,024	44,373,379

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

Sign Here	***** Signature of officer			2013-05-10 Date	
	JAMES FUHRMANN BOARD CHAIR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KIM HUNWARDSEN CPA	Date 2013-05-08	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00484560
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIDE BAILLY LLP 800 NICOLLET MALL STE 1300 MINNEAPOLIS, MN 554027033			EIN 45-0250958
					Phone no (612) 253-6500

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 to any question in this Part III

1

Briefly describe the organization’s mission

AVERA IS A HEALTH MINISTRY ROOTED IN THE GOSPEL OUR MISSION IS TO MAKE A POSITIVE IMPACT IN THE LIVES AND HEALTH OF PERSONS AND COMMUNITIES BY PROVIDING QUALITY SERVICES GUIDED BY CHRISTIAN VALUES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 and section 4947(a)(1) trusts 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 \$ 30,795,064 including grants of \$ 107,577) (Revenue \$ 46,471,811)
	AVERA MARSHALL (DBA AVERA MARSHALL REGIONAL MEDICAL CENTER) IS A NON-PROFIT ORGANIZATION, PRIVATELY OWNED AND OPERATED BY AVERA HEALTH AVERA MARSHALL CONSISTS OF A 25-BED CRITICAL ACCESS HOSPITAL, AN ATTACHED 76-BED NURSING HOME, THREE PHYSICIAN CLINICS, AND FIVE OPTOMETRY CLINICS THE PHYSICIAN CLINICS INCLUDE SPECIALTY SERVICES (OB/GYN, PEDIATRICS, ORTHOPEDICS, GENERAL SURGERY, AND INTERNAL MEDICINE), PSYCHIATRY SERVICES AND OPHTHALMOLOGY SERVICES IN FY 2012, AVERA MARSHALL HAD 3,995 PATIENT DAYS IN ADDITION TO 874 NEWBORN PATIENT DAYS, 499 SWING-BED DAYS, AND 2,813 BEHAVIORAL-HEALTH BED DAYS AWARDS AND RECOGNITIONAVERA MARSHALL HAS BEEN THE RECIPIENT OF FIVE SAFETY AWARDS FROM THE MINNESOTA HOSPITAL ASSOCIATION OVER THE PAST SEVERAL YEARS, INCLUDING SAFE FROM FALLS JUNE 2008, SAFE SITE OCTOBER 2008, SAFE COUNT JANUARY 2009, SAFE SKIN APRIL 2009, SAFE ACCOUNT MARCH 2011 STRATEGIC ACCOMPLISHMENTSJOINT VENTURES - A HOME MEDICAL EQUIPMENT STORE IN MARSHALL IS A JOINT VENTURE BETWEEN AVERA MARSHALL AND AVERA MCKENNAN IN SIOUX FALLS THE SHOWROOM FEATURES EQUIPMENT AND SUPPLIES RANGING FROM SMALL PERSONAL CARE ITEMS TO BEDS AND WHEELCHAIRS, IN ADDITION TO OXYGEN SUPPLIES AND SERVICE MANAGEMENT AGREEMENTS - AVERA MARSHALL HAS A "PARTNER IN HEALTH AGREEMENT" WITH OTHER NON-PROFIT ORGANIZATIONS, WHICH INCLUDE DIVINE PROVIDENCE HEALTH CENTER IN IVANHOE, MN AND WESTERN MENTAL HEALTH CENTER IN MARSHALL, MN PARTNERSHIPS - AVERA MARSHALL HAS A PARTNERSHIP ARRANGEMENT FOR THERAPY SERVICES WITH BIG STONE THERAPIES, INC , TO OFFER HOSPITAL AND LONG TERM CARE BASED SERVICES TO INPATIENTS AND OUTPATIENTS PHYSICIAN RECRUITMENT - AVERA MARSHALL HAS BEEN SUCCESSFUL IN RECRUITING 25 PROVIDERS TO THE AVERA MEDICAL GROUP SINCE 2009 SURGERY CENTER - A NEW SURGERY CENTER OPENED IN THE SUMMER OF 2010, FEATURING STATE-OF-THE ART EQUIPMENT AND DESIGN CONCEPTS IT INCLUDES THE SAME DAY SURGERY CENTER AND PROCEDURE/TREATMENT ROOMS, ALONG WITH FOUR COMPLETE OPERATING ROOMS COMMUNITY NEEDS FULFILLMENT - AT FISCAL YEAR END, AVERA MARSHALL WAS CLOSE TO COMPLETION OF A COMMUNITY HEALTH NEEDS ASSESSMENT THAT'S PURPOSE WAS TO IDENTIFY UNMET NEEDS IN THE COMMUNITY AND IS INTENDED TO BE USED FOR SUBSEQUENT STRATEGIC PLANNING PURPOSES
4b	(Code) (Expenses \$ 6,525,814 including grants of \$) (Revenue \$ 6,151,100)
	AGING SERVICES - THE NEIGHBORHOOD MODEL HAS RESULTED IN CHANGES TO THE WAY CARE IS PROVIDED IN THE LONG TERM CARE FACILITY MORE CHOICE FROM THE RESIDENT ON SCHEDULES, ACTIVITIES AND DINING EXPERIENCES HAS RESULTED IN SOME REMODELING AND MODIFIED STAFFING PATTERNS CARE TRANSITIONS OFFERS INDIVIDUALS A PLACE FOR RECOVERY AND REHAB FOLLOWING AN ILLNESS, INJURY OR SURGERY
4c	(Code) (Expenses \$ 9,702,088 including grants of \$) (Revenue \$ 6,752,313)
	CLINIC ADDITION - A PHYSICIAN OFFICE BUILDING IS BEING CONSTRUCTED THAT WILL ADD 40 CLINIC ROOMS, LAB AND IMAGING SPACE THE SINGULAR LOCATION FOR AVERA MEDICAL GROUP SPECIALTY PHYSICIANS TO OFFER THEIR SERVICES WILL ENHANCE THE PATIENT EXPERIENCE AND CREATE A WELCOME, PRIVATE ENVIRONMENT FOR PEOPLE NEEDING PHYSICIAN SERVICES OUTREACH - AVERA MARSHALL PROVIDES OUTREACH LOCATIONS BY THE GENERAL SURGERY, OB/GYN, ORTHOPEDICS AND OPHTHALMOLOGY INCREASING ACCESS IN LOCAL COMMUNITIES BY BRINGING THE SPECIALIST TO PEOPLE AND MAKING IT CONVENIENT FOR THOSE WHO NEED CARE THIS IS ESPECIALLY IMPORTANT FOR THE ELDERLY POPULATIONS WHO HAVE CONCERNS ABOUT TRAVEL OR PHYSICAL LIMITATIONS
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses\$ 47,022,966

Part IV

Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	20b	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	78			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	549			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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 to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> SHARON WILLIAMS 300 S BRUCE ST MARSHALL, MN 562581934 (507) 537-9150

Part VII

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) PAUL J PUETZ DC CHAIR	1 30	X		X				0	0	0
(2) JAMES H FUHRMANN VICE CHAIR	1 30	X		X				0	0	0
(3) ROGER PABST OD DIRECTOR	1 30	X						215,857	0	10,377
(4) ARTHUR M OLSON DIRECTOR	1 30	X						0	0	0
(5) MICHAEL K RICH DIRECTOR	1 30	X						0	0	0
(6) RANDY GAFFNEY DIRECTOR	1 30	X						0	0	0
(7) SR MARY J REICHELT DIRECTOR	1 30	X						0	0	0
(8) SR JOANN STURZL DIRECTOR	1 30	X						0	0	0
(9) SR JODELLE A ZIMMERMAN DIRECTOR	1 30	X						0	0	0
(10) DONNA HARTFIEL MD DIRECTOR	40 00	X						0	306,704	13,256
(11) RANDY SERREYN DIRECTOR	1 30	X						0	0	0
(12) MARY B MAERTENS PRESIDENT & CEO	40 00	X		X				0	283,750	48,882
(13) SHARON WILLIAMS SEC/TREAS & VP FINANCE	40 00			X				138,953	0	22,314
(14) EDWARD WOLSKE MD PHYSICIAN	40 00					X		381,749	0	31,363
(15) OMER QUREISHY MD PHYSICIAN	40 00					X		298,382	0	17,511
(16) CHRIS BUNTROCK MD PHYSICIAN	40 00					X		289,240	0	27,042
(17) KEVIN GILDNER MD PHYSICIAN	40 00					X		356,060	0	27,912

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,054,772	590,454	221,670

2 Total number of individuals (including but not limited to those listed in Item 1) who received or accrued more than \$100,000 of reportable compensation from the organization. ▶ 27

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AVERA HEALTH 3900 W AVERA DR STE 301 SIOUX FALLS, SD 57105	CENTRAL SERVICE FEES	3,304,975
AVERA MCKENNAN 1001 E 21ST ST STE 401 SIOUX FALLS, SD 57105	PHYSICIANS AND ANCILIARY	2,816,289
SUSSNER CONSTRUCTION INC 2020 OCONNELL ST MARSHALL, MN 56258	CONSTRUCTION	1,722,392
BIG STONE THERAPIES 830 ROY ST ORTONVILLE, MN 56278	THERAPY SERVICES	1,405,951
LEONARD STREET & DEINARD PA 150 SOUTH FIFTH STE 2300 MINNEAPOLIS, MN 55402	LEGAL SERVICES	831,822
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 18		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	44,074				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		44,074				
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE RE	622110	58,524,092	58,524,092			
	b	CAFETERIA REVENUE	900099	290,687	240,885	49,802		
	c	GAIN ON AUXILIARY	900099	238,038	238,038			
	d	MISCELLANEOUS REVENUE	900099	218,239	123,545	94,694		
	e	EQUITY EARNINGS OF AFF	900099	104,168	74,837	29,331		
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		59,375,224				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		762,643			762,643	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross rents	215,000					
		b Less rental expenses	150,152					
		c Rental income or (loss)	64,848					
	d	Net rental income or (loss)		64,848			64,848	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		5,161				
		b Less cost or other basis and sales expenses		381,336				
		c Gain or (loss)		-376,175				
	d	Net gain or (loss)		-376,175			-376,175	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		59,870,614	59,201,397	173,827	451,316		

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	30,000	30,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	77,577	77,577		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	416,849	237,906	178,943	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,073,169	22,114,425	2,850,955	107,789
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	987,679	821,154	162,553	3,972
9	Other employee benefits	3,057,220	2,688,034	356,103	13,083
10	Payroll taxes	1,444,773	1,255,526	181,374	7,873
11	Fees for services (non-employees)				
a	Management	1,200,157	2,330	1,197,827	
b	Legal	721,435		721,435	
c	Accounting	22,200		22,200	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	5,685,696	4,750,220	935,476	
12	Advertising and promotion	463,323		463,323	
13	Office expenses	787,288	672,913	113,443	932
14	Information technology	583,340	40,781	542,559	
15	Royalties				
16	Occupancy	752,394	742,324	10,070	
17	Travel	225,316	159,082	64,913	1,321
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,011,440	1,011,440		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,097,886	3,603,343	493,339	1,204
23	Insurance	266,767	114,114	152,653	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	7,013,774	6,995,069	18,699	6
b	FEES, TAXES AND SURCHAR	1,383,950	306,019	1,077,931	
c	BAD DEBT EXPENSE	770,990	770,990		
d	RECRUITMENT	564,454		564,454	
e					
f	All other expenses	1,010,805	629,719	379,696	1,390
25	Total functional expenses. Add lines 1 through 24f	57,648,482	47,022,966	10,487,946	137,570
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			5,512,468	2	3,749,900
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			6,594,339	4	6,290,693
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			230,208	5	145,625
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			1,138,457	8	1,315,996
	9	Prepaid expenses and deferred charges			1,276,169	9	1,012,886
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	67,699,913	26,518,213		
	b	Less accumulated depreciation	10b	38,191,266		10c	29,508,647
	11	Investments—publicly traded securities			1,499,855	11	250,000
	12	Investments—other securities. See Part IV, line 11			25,470,583	12	24,734,583
	13	Investments—program-related. See Part IV, line 11			1,240,385	13	1,307,474
	14	Intangible assets			264,610	14	247,711
	15	Other assets. See Part IV, line 11			275,184	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			70,020,471	16	68,563,515
Liabilities	17	Accounts payable and accrued expenses			5,984,271	17	4,846,001
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	17,767,352
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			6,083	21	5,281
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			17,992,194	23	0
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			2,856,899	25	1,571,502
	26	Total liabilities. Add lines 17 through 25			26,839,447	26	24,190,136
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			43,181,024	27	44,373,379
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			43,181,024	33	44,373,379
	34	Total liabilities and net assets/fund balances			70,020,471	34	68,563,515

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,870,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,648,482
3	Revenue less expenses Subtract line 2 from line 1	3	2,222,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,181,024
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,029,777
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	44,373,379

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization AVERA MARSHALL	Employer identification number 41-0919153
--	--

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization AVERA MARSHALL	Employer identification number 41-0919153
--	--

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 on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
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.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		2,968
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			2,968
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AVERA MARSHALL

Employer identification number
41-0919153

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		507,112		507,112
b Buildings		36,641,331	21,117,583	15,523,748
c Leasehold improvements				
d Equipment		23,966,676	16,421,696	7,544,980
e Other		6,584,794	651,987	5,932,807
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				29,508,647

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

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

Part XIVSupplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE ORGANIZATION HOLDS FUNDS ON BEHALF OF ITS RESIDENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE MEDICAL CENTER IS A MINNESOTA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE MEDICAL CENTER AND FOUNDATION ARE ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE MEDICAL CENTER IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE MEDICAL CENTER FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME. STATE TAX FILINGS ARE ALSO REQUIRED IN THE STATE OF MINNESOTA. THE MEDICAL CENTER BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE MEDICAL CENTER WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE MEDICAL CENTER'S FEDERAL FORM 990T FILINGS ARE NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009. GENERALLY, 990 FILINGS FOR THE MEDICAL CENTER ARE ALSO NOT SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BEFORE 2009.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AVERA MARSHALL

Employer identification number
41-0919153

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)		466	334,868		334,868	0 590 %
b Medicaid (from Worksheet 3, column a)			2,697,272	1,839,952	857,320	1 510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		466	3,032,140	1,839,952	1,192,188	2 100 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	11	411	102,558		102,558	0 180 %
f Health professions education (from Worksheet 5)	1		75,000		75,000	0 130 %
g Subsidized health services (from Worksheet 6)	4	19,478	8,940,722	4,894,852	4,045,870	7 110 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	30	42,627		42,627	0 070 %
j Total Other Benefits	20	19,919	9,160,907	4,894,852	4,266,055	7 490 %
k Total. Add lines 7d and 7j	20	20,385	12,193,047	6,734,804	5,458,243	9 590 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			7,886		7,886	0 010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			1,778		1,778	0 %
7Community health improvement advocacy						
8Workforce development			3,406		3,406	0 010 %
9Other						
10Total			13,070		13,070	0 020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	No
2	Enter the amount of the organization's bad debt expense	2	770,990
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	33,550
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	13,637,774
6	Enter Medicare allowable costs of care relating to payments on line 5	6	13,544,324
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	93,450
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures (see instructions)

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

Section A. Hospital Facilities

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

Name and address

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

AVERA MARSHALL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	No
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input checked="" type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	Yes	

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size from largest to smallest)

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

Name and address		Type of Facility (Describe)
1	AVERA MORNINGSIDE HEIGHTS CARE CENTER 300 S BRUCE STREET MARSHALL, MN 56258	NURSING HOME, ADULT DAYCARE
2	AVERA MARSHALL SPECIALTY CLINIC 300 S BRUCE STREET MARSHALL, MN 56258	OB/GYN, GENERAL SURGERY, ORTHOPEDICS, PEDIATRICS, INTERNAL MEDICINE
3	AVERA MARSHALL SW OPHTHALMOLOGY 300 S BRUCE STREET MARSHALL, MN 56258	OPHTHALMOLOGY, OPTICAL
4	AVERA MARSHALL PSYCHIATRY ASSOCIATES 1104 E COLLEGE DRIVE MARSHALL, MN 56258	PSYCHIATRY, PSYCHOLOGY
5	AM GROUP OPTOMETRY REDWOOD FALLS 500 E BRIDGE STREET REDWOOD FALLS, MN 56283	OPTOMETRY, OPHTHALMOLOGY, OPTICAL
6	AVERA MARSHALL GROUP OPTOMETRY WINDOM 1006 4TH AVENUE WINDOM, MN 56101	OPTOMETRY, OPHTHALMOLOGY, OPTICAL
7	AM GROUP OPTOMETRY SPRINGFIELD 602 N JACKSON SPRINGFIELD, MN 56087	OPTOMETRY, OPHTHALMOLOGY, OPTICAL
8	AM GROUP OPTOMETRY MOUNTAIN LAKE 1040 3RD AVENUE MOUNTAIN LAKE, MN 56169	OPTOMETRY, OPHTHALMOLOGY
9	AVERA MARSHALL GROUP OPTOMETRY TRACY 505 STATE STREET TRACY, MN 56175	OPTOMETRY, OPHTHALMOLOGY, OPTICAL
10	AVERA MARSHALL CURAQUICK 900 E MAIN STREET MARSHALL, MN 56258	CONVENIENCE CLINIC

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C PATIENTS WITH INCOME LESS THAN 400% OF THE POVERTY GUIDELINES ARE ELIGIBLE FOR FINANCIAL ASSISTANCE THE ORGANIZATION HAS A GRID THAT LOOKS AT INCOME, ASSETS AND BALANCE OF CURRENT MEDICAL CLAIMS TO DETERMINE ELIGIBILITY BASED UPON A SLIDING SCALE IT IS POSSIBLE TO RECEIVE ASSISTANCE FROM ZERO TO 100%

Identifier	ReturnReference	Explanation
		PART I, LINE 6A THE AVERA MARSHALL COMMUNITY BENEFIT REPORT IS CONTAINED WITHIN A REPORT PREPARED BY AVERA HEALTH, A RELATED ORGANIZATION IT IS AVAILABLE THROUGH THE WEBSITE AND REQUESTED MAILING, AND IS FILED WITH THE CATHOLIC HEALTH ASSOCIATION

Identifier	ReturnReference	Explanation
		PART I, LINE 7 CHARITY CARE AND UNREIMBURSED MEDICAID WAS CONVERTED TO COST USING THE COST- TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 LINES 7E - I ARE GATHERED FROM EXPENSES REPORTED IN THE GENERAL LEDGER

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH INCLUDES EXPENSES RELATED TO A PSYCHIATRIC AND SPECIALTY CLINICS WITH COMMUNITY BENEFIT EXPENSES OF \$4,894,852

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 770990

Identifier	ReturnReference	Explanation
		PART II THE AMOUNTS REPORTED AS COMMUNITY BUILDING INCLUDE MONETARY AND IN-KIND DONATIONS TO COMMUNITY ORGANIZATIONS TO SUPPORT THE NEEDS OF THE COMMUNITY BEYOND THE NEED FOR HEALTHCARE DURING THIS TIME, AVERA MARSHALL DONATED A HOUSE TO HABITAT FOR HUMANITY AVERA MARSHALL'S EMPLOYEES AND MANAGEMENT ALSO VOLUNTEER AND PARTICIPATE IN AREA COMMUNITY ORGANIZATIONS THESE ORGANIZATIONS INCLUDE NON-PROFIT AND CIVIC ORGANIZATIONS AVERA MARSHALL ALSO ENCOURAGES MIDDLE-SCHOOL AGED STUDENTS TO CONSIDER A CAREER IN HEALTHCARE THROUGH THEIR SCRUBS CAMP WHICH IS A ONE-DAY PROGRAM THESE CONTRIBUTIONS STRENGTHEN THE COMMUNITY BY FOCUSING ON UNDERLYING CAUSES OF HEALTH CARE ISSUES

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 4 BAD DEBT EXPENSE IS REPORTED AT CHARGES AS RECORDED BY THE ORGANIZATION THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS CALCULATED BY TAKING 5% OF BAD DEBT AT COST THE ORGANIZATION EVALUATES BAD DEBT AND IDENTIFIES CHARITY CARE AS APPLICABLE HOWEVER, BASED ON REVIEW OF THE BAD DEBT THE ORGANIZATION ESTIMATES THAT 5% OF BAD DEBT AT COST COULD BE CHARITY CARE AS THERE ARE INDIVIDUALS WHO DO NOT COMPLETE THE PAPER WORK BAD DEBT EXPENSE IS REPORTED NET OF DISCOUNTS AND CONTRACTUAL ALLOWANCES A PAYMENT ON AN ACCOUNT PREVIOUSLY WRITTEN OFF REDUCES BAD DEBT EXPENSE IN THE CURRENT YEAR FINANCIAL STATEMENT NOTE PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE MEDICAL CENTER ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD PARTY COVERAGE, THE MEDICAL CENTER ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE MEDICAL CENTER'S PROCESS FOR CALCULATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS HAS NOT SIGNIFICANTLY CHANGED BETWEEN THE YEARS ENDED JUNE 30, 2012 AND 2011 THE MEDICAL CENTER DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR DOUBTFUL ACCOUNTS FROM THIRD-PARTY PAYORS, NOR DID IT HAVE SIGNIFICANT WRITE OFFS FROM THIRD PARTY PAYORS THE MEDICAL CENTER CHANGED ITS FINANCIAL ASSISTANCE POLICY DURING THE YEAR ENDED JUNE 30, 2012 RELATED TO UNINSURED PATIENTS THE CHANGE DID NOT HAVE A MATERIAL IMPACT ON FINANCIAL STATEMENT AMOUNTS OR DISCLOSURES NO CHANGES WERE MADE TO THE CHARITY CARE AND UNINSURED DISCOUNT POLICIES DURING 2011</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE ALLOWABLE COSTS OF CARE ARE BASED ON THE MEDICARE COST REPORT THE MEDICARE COST REPORT IS COMPLETED BASED ON THE RULES AND REGULATIONS SET FORTH BY CMS

Identifier	ReturnReference	Explanation
		PART III, LINE 9B IF THE PATIENT QUALIFIES FOR THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME, UNINSURED PATIENTS AND IS COOPERATING WITH THE ORGANIZATION WITH REGARD TO EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE ORGANIZATION OR ITS AGENT SHALL NOT SEND, NOR INDICATE THAT IT WILL SEND, THE UNPAID BILL TO ANY OUTSIDE COLLECTION AGENCY AT SUCH TIME AS THE ORGANIZATION SENDS THE UNCOLLECTED ACCOUNT TO AN OUTSIDE COLLECTION AGENCY, THE AMOUNT REFERRED TO THE AGENCY SHALL REFLECT THE REDUCED-PAYMENT LEVEL FOR WHICH THE PATIENT WAS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME UNINSURED PATIENTS AVERA MARSHALL DOES NOT REPORT ANY DATA TO ANY OF THE CREDIT AGENCIES, HOWEVER, THE COLLECTION AGENCIES AVERA MARSHALL UTILIZES MAY REPORT TO THE CREDIT AGENCIES ANY EXTENDED PAYMENT PLANS OFFERED BY THE HOSPITAL, OR THE HOSPITAL'S REPRESENTATIVE, IN SETTLING THE OUTSTANDING BILLS OF PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SHALL BE INTEREST-FREE SO LONG AS THE REPAYMENT SCHEDULE IS MET

Identifier	ReturnReference	Explanation
AVERA MARSHALL		PART V, SECTION B, LINE 13G A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN THE HOSPITAL FACILITY'S EMERGENCY ROOM, WAITING ROOMS, AND ADMISSIONS OFFICE AND INCLUDED IN THE BILLING STATEMENT IN ADDITION, THE FINANCIAL ASSISTANCE POLICY IS DISCUSSED WITH THE PATIENT UPON ADMISSION TO THE FACILITY

Identifier	ReturnReference	Explanation
AVERA MARSHALL		PART V, SECTION B, LINE 21 INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT CHARGED GROSS CHARGES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE, HOWEVER MAY BE CHARGED GROSS CHARGES FOR ELECTIVE CARE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 AVERA MARSHALL, IN CONJUNCTION WITH SEVERAL OTHER AGENCIES LOCATED IN THE CITY OF MARSHALL AND THE SURROUNDING AREAS, COLLABORATED TO PUT TOGETHER A COMMUNITY HEALTH NEEDS ASSESSMENT SEVERAL GROUPS/ORGANIZATIONS WERE CONTACTED AND INTERVIEWED IN ORDER TO CULTIVATE THEIR NEEDS AND INPUT BY 6/30/12 THE INFORMATION HAD BEEN QUANTIFIED FROM THESE MEETINGS AT 6/30/12 AVERA MARSHALL WAS PLANNING TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT BY THE END OF THE CALENDAR YEAR

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ANYONE WHO IS UNINSURED RECEIVES A LETTER WITH THEIR ITEMIZED BILL WHICH DESCRIBES BOTH THE UNINSURED PROGRAM AND THE CHARITY CARE PROGRAM ANY UNINSURED PATIENT IS CONTACTED BY PHONE OR LETTER BY THE COLLECTIONS DEPARTMENT AT WHICH TIME THE PROGRAMS ARE DESCRIBED ALSO, INPATIENT AND SAME DAY SURGERY PATIENTS RECEIVE A BROCHURE IN THEIR ADMISSIONS PACKET PRE-COLLECTION LETTERS ALSO INCLUDE INFORMATION REGARDING THE CHARITY CARE AND UNINSURED PROGRAMS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 AVERA MARSHALL'S SERVICE AREA INCLUDES LYON COUNTY AND SURROUNDING COUNTIES IN MINNESOTA IN 2011, THE POPULATION FOR LYON COUNTY WAS ESTIMATED TO BE 25,857 APPROXIMATELY 13 7% OF THE POPULATION IS AGE 65 OR OLDER THE AVERAGE PER CAPITA INCOME IS \$24,125 AND APPROXIMATELY 13 1% OF INDIVIDUALS ARE BELOW THE FEDERAL POVERTY LEVEL THE NEAREST HOSPITAL IN THE AREA IS APPROXIMATELY 22 MILES FROM AVERA MARSHALL

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 5 THE ORGANIZATION'S GOVERNING BODY IS COMPRISED OF VOLUNTEER MEMBERS WHO RESIDE IN THE COMMUNITY MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY SURPLUS FUNDS ARE REINVESTED IN FACILITIES TO IMPROVE PATIENT CARE CHARITY CARE IS AVAILABLE FOR THOSE WITH A DIMINISHED ABILITY TO PAY IN ADDITION, AVERA MARSHALL IS THE SOLE PROVIDER FOR HOSPITAL INPATIENT CARE, THE ONLY PHYSICIAN STAFFED 24/7 ER, BIRTHING CENTER AND FULL SERVICE SURGERY CENTER AS A RESULT OF THE MISSION STATEMENT, AVERA MARSHALL PROVIDES NUMEROUS SERVICES WHICH DO NOT PRODUCE A PROFIT AN EXAMPLE OF THIS IS PSYCHIATRIC SERVICES PROVIDED BY THE FACILITY THIS IS A SUBSIDIZED HEALTH SERVICE AVERA MARSHALL ALSO OPERATES CURAQUICK TO PROVIDE AN ALTERNATIVE, LOW-COST CONVENIENCE CARE FOR WALK-IN PATIENTS AVERA MARSHALL IS VERY INVOLVED IN THE COMMUNITY AVERA MARSHALL OFFERS CLASSES SUCH AS CHILDBIRTH AND VARIOUS OTHER SUPPORT GROUPS PLANET HEART COMMUNITY SCREENINGS ARE PROVIDED WITH REDUCED IMAGING FEES IN ADDITION TO FREE VEIN SCREENINGS AVERA MARSHALL PROVIDES EDUCATIONAL EXPERIENCES FOR SCHOOL-AGED CHILDREN, STUDENTS NEEDING WORK STUDY EXPERIENCE AND MED STUDENT INTERNSHIPS AVERA EMPLOYEES VOLUNTEER TRHOUGH PROGRAMS SUCH AS JUNIOR ACHIEVEMENT EDUCATIONAL CLASSES ARE HELD AT THE MARSHALL YMCA PHYSICALS FOR SPORTS ARE GIVEN TO STUDENTS WHO HAVE NO MEANS TO PAY BUT WISH TO PARTICIPATE IN ATHLETIC ACTIVITIES AT MARSHALL SCHOOLS BASIC SUPPLY ITEMS ARE DONATED TO SCHOOL NURSE PROVIDERS FOR TRIAGE CARE AVERA MARSHALL PARTICIPATES IN COMMUNITY HEALTH EVENTS SUCH AS COMMUNITY CONNECT WHICH PROVIDES OPTIONS ON ACCESSING HEALTH CARE RESOURCES THE FOUNDATION, A SEPARATE EXEMPT ORGANIZATION, FOCUSED ON RAISING DOLLARS FOR COMMUNITY HEALTH NEEDS, SUCH AS ASSISTANCE WITH MAMMOGRAMS THROUGH THE TOUGH ENOUGH TO WEAR PINK CAMPAIGN, THE BABY HAT AND BLANKET FUND AND MORE AVERA MARSHALL ALSO OFFERS MANY OPPORTUNITIES FOR COMMUNITY MEMBERS TO VOLUNTEER</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE COMMUNITIES IN WHICH AVERA OPERATES ALL HAVE UNIQUE HEALTH AND COMMUNITY BENEFIT NEEDS AND IN KEEPING WITH THE CATHOLIC HEALTHCARE ASSOCIATION GUIDELINES EACH HOSPITAL STRIVES TO MEET ITS COMMUNITY'S IDENTIFIED NEEDS THE AVERA CENTRAL OFFICE ADVOCATES FOR ALL ON COMMUNITY BENEFIT RELATED MATTERS OF STATE, REGIONAL AND NATIONAL IMPORTANCE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AVERA MARSHALL

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
41-0919153

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTHWEST MINNESOTA STATE UNIVERSITY1501 STATE ST MARSHALL, MN 56258	41-1687554		25,000				TO SUPPORT START-UP OF BSN PROGRAM

2

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

1

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MEDICAL STUDENT SCHOLARSHIPS	8	48,000			
(2) STIPEND FOR SIM (STUDENT INTERNSHIP IN MEDICINE) STUDENTS	1	500			
(3) LTC EMPLOYEE SCHOLARSHIPS	21	29,077			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION PROVIDES SCHOLARSHIPS TO MEDICAL STUDENTS, LONG-TERM CARE EMPLOYEES AND A STIPEND TO SIM (STUDENT INTERNSHIP IN MEDICINE) STUDENTS THE ORGANIZATION MONITORS THE USE OF THE SCHOLARSHIPS THROUGH A RECRUITER WHO MAINTAINS CONTACT WITH THE STUDENTS, AND MONITORS RECEIPT OF THE EMPLOYEE SCHOLARSHIP BY THE LEARNING INSTITUTION THE ORGANIZATION WAS ACTIVELY INVOLVED IN THE START-UP OF THE BSN PROGRAM AT SOUTHWEST MINNESOTA STATE AVERA MARSHALL'S VICE PRESIDENT PATIENT CARE SERVICES WAS ON THE STEERING COMMITTEE THAT COMMITTEE MET BI-WEEKLY DURING THE START-UP PHASE AND WILL CONTINUE TO MEET ANNUALLY TO REVIEW THE PROGRAMS SUCCESSES AND CHALLENGES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AVERA MARSHALL

Employer identification number
41-0919153

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>		
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>		
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>4a</div> <div>Receive a severance payment or change-of-control payment?</div>		No
<div>4b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>		No
<div>4c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>		No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>5a</div> <div>The organization?</div>		No
<div>5b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>6a</div> <div>The organization?</div>		No
<div>6b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>		No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROGER PABST OD	(i)	213,539	0	2,318	3,138	7,550	226,545	0
	(ii)	0	0	0	0	0	0	0
(2) DONNA HARTFIEL MD	(i)	0	0	0	0	0	0	0
	(ii)	299,497	0	7,207	4,900	8,356	319,960	0
(3) MARY B MAERTENS	(i)	0	0	0	0	0	0	0
	(ii)	250,872	500	32,378	29,975	19,304	333,029	0
(4) SHARON WILLIAMS	(i)	138,582	0	371	2,752	20,038	161,743	0
	(ii)	0	0	0	0	0	0	0
(5) EDWARD WOLSKE MD	(i)	381,352	0	397	4,900	26,860	413,509	0
	(ii)	0	0	0	0	0	0	0
(6) OMER QUREISHY MD	(i)	298,024	0	358	4,090	13,790	316,262	0
	(ii)	0	0	0	0	0	0	0
(7) CHRIS BUNTROCK MD	(i)	288,094	0	1,146	4,080	23,405	316,725	0
	(ii)	0	0	0	0	0	0	0
(8) KEVIN GILDNER MD	(i)	353,359	0	2,701	4,900	23,559	384,519	0
	(ii)	0	0	0	0	0	0	0
(9) CURTIS LOUWAGIE MD	(i)	374,060	0	471	4,050	19,427	398,008	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, LINE 3 THE PRESIDENT & CEO WAS COMPENSATED BY AVERA HEALTH. AVERA MARSHALL RELIED ON THE RELATED ORGANIZATION FOR DETERMINING THE COMPENSATION FOR THE PRESIDENT & CEO USING THE METHODS DESCRIBED IN PART I, LINE 3.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ 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 lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
AVERA MARSHALL

Employer identification number

41-0919153

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) DR ROGER PABST COMMUNITY NEEDS LOAN		X	60,000	13,333		No		No	Yes	
(2) DR CURTIS LOUWAGIE COMMUNITY NEEDS LOAN		X	200,000	50,000		No		No	Yes	
(3) DR KEVIN GILDNER COMMUNITY NEEDS LOAN		X	150,000	59,375		No		No	Yes	
(4) DR CHRIS BUNTROCK COMMUNITY NEEDS LOAN		X	100,000	4,167		No		No	Yes	
(5) DR EDWARD WOLSKE COMMUNITY NEEDS LOAN		X	50,000	18,750		No		No	Yes	
Total ▶ \$					145,625					

Part III Grants or Assistance Benefitting 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 grant or type 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
(1) MELISSA YOUNGER	FAMILY MEMBER OF BOARD MEMBER, RANDY SERREYN	52,718	COMPENSATION		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization AVERA MARSHALL	Employer identification number 41-0919153
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	DURING THE 2012 FISCAL YEAR, AVERA MARSHALL ADDED CERTIFIED NURSE PRACTITIONERS TO ITS ARRAY OF PHYSICIANS THIS ADDITION ENTERED AVERA MARSHALL IN FAMILY PRACTICE AVERA MARSHALL ADDED DEXA SCANS (THE MEASUREMENT OF BONE DENSITY) TO THE ROBUST IMAGING SERVICES ALREADY PROVIDED AT THE FACILITY WITHIN ITS OPHTHALMOLOGY PRACTICE AVERA MARSHALL ADDED LASIK SERVICES AVERA MARSHALL ALSO STARTED A PALLIATIVE CARE PROGRAM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS SUBJECT TO THE DIRECTION OF THE BOARD OF DIRECTORS. HOWEVER, IN THE CASE OF AN EMERGENCY, THE EXECUTIVE COMMITTEE MAY EXERCISE ALL THE POWERS OF THE BOARD PROVIDED THAT ANY ACTIONS TAKEN SHALL BE REPORTED TO THE BOARD AS QUICKLY AS POSSIBLE. THE CHAIR, VICE-CHAIR, AND PAST CHAIR WILL MAKE UP THE COMPOSITION OF THE EXECUTIVE COMMITTEE. THE PRESIDENT/CEO WILL SERVE AS A NON-VOTING, EX-OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DONNA HARTFIEL, MD HAS A BUSINESS RELATIONSHIP WITH SR MARY J REICHEL T MARY MAERTENS HAS A BUSINESS RELATIONSHIP WITH SR MARY J REICHEL T ROGER PABST, OD HAS A BUSINESS RELATIONSHIP WITH MARY MAERTENS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE ORGANIZATION IS AVERA HEALTH, A NONPROFIT CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF SOUTH DAKOTA AND EXEMPT UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	AVERA HEALTH, AS THE SOLE MEMBER, HAS THE POWER TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	<p> AVERA HEALTH HAS THE FOLLOWING RIGHTS AS THE MEMBER 1 TO APPROVE THE ADOPTION, AMENDMENT OR REPEAL OF THE STATEMENTS OF PHILOSOPHY , MISSION AND VALUES OF CORPORATION, 2 TO INITIATE THE ADOPTION, AMENDMENT OR REPEAL OF ANY PROVISION OF THE ARTICLES OF INCORPORATION OR BY LAWS OF CORPORATION, AND TO GIVE FINAL APPROVAL OF ANY SUCH ACTION WITH RESPECT THERETO, 3 TO APPROVE AND ACT UPON THE ALIENATION OF REAL PROPERTY AND PRECIOUS ARTIFACTS UNDER THE CANONICAL STEWARDSHIP OF THE SISTERS OF THE PRESENTATION OF THE BLESSED VIRGIN MARY OF ABERDEEN, SOUTH DAKOTA ("PRESENTATION SISTERS") OR THE BENEDICTINE SISTERS OF SACRED HEART MONASTERY ("BENEDICTINE SISTERS"), PURSUANT TO THE POLICIES ESTABLISHED BY THE MEMBER, 4 TO APPROVE ANY PLAN OF MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, OR THE DIVESTITURE OF A SPONSORED WORK OR MINISTRY ASSOCIATED WITH THE CORPORATION, 5 TO APPROVE THE CREATION OF NEW SPONSORED WORKS OR MINISTRIES TO BE CONDUCTED BY OR UNDER THE AUTHORITY OF THE CORPORATION, 6 TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE BOARD OF DIRECTORS OF THE CORPORATION, 7 TO APPOINT AND/OR REMOVE, WITH OR WITHOUT CAUSE, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION, 8 TO APPROVE OPERATING/CAPITAL BUDGETS AND STRATEGIC PLANS OF THE CORPORATION, 9 TO APPROVE EXPENDITURES OUTSIDE OF OPERATING AND CAPITAL BUDGETS EXCEEDING DEFINED THRESHOLDS ACCORDING TO POLICY WHICH MAY BE ADOPTED FROM TIME TO TIME BY THE MEMBER, 10 TO APPROVE ACQUISITIONS, SALES AND LEASES, ACCORDING TO POLICY WHICH MAY BE ADOPTED FROM TIME TO TIME BY THE MEMBERS, 11 TO ESTABLISH AND MAINTAIN EMPLOYEE BENEFIT PROGRAMS, 12 TO ESTABLISH AND MAINTAIN INSURANCE PROGRAMS, 13 TO APPROVE MAJOR COMMUNITY FUND DRIVES, 14 TO APPROVE THE APPOINTMENT OF AUDITORS, 15 TO ADOPT POLICIES DESIGNED TO EFFECTUATE THE RESERVED POWERS OF THE MEMBER </p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED INITIALLY BY THE CEO AND CFO, THEN THE FINANCE COMMITTEE. THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES. AT EACH BOARD MEETING, A REQUEST IS MADE FOR ALL BOARD MEMBERS TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST PERTAINING TO ANY ITEM LISTED ON THE AGENDA OR PERTAINING TO ANY POTENTIAL ITEM THAT COULD BE DISCUSSED DURING THE COURSE OF THE MEETING. THE DECLARATION OF CONFLICT OF INTEREST IS RECORDED IN THE MEETING MINUTES. THE BOARD MAKES A DETERMINATION OF WHETHER THERE IS A CONFLICT OF INTEREST AND IF SO, IMPLEMENTS THE PROCEDURE FOR EVALUATING THE ISSUE OR TRANSACTION INVOLVED. THE BOARD MEMBER OR OFFICER WITH THE CONFLICT MUST REFRAIN FROM VOTING. A STATEMENT OF CONFLICT OF INTEREST DISCLOSURE IS MADE ON AN ANNUAL BASIS BY OFFICERS AND DIRECTORS. THE INFORMATION IS MAINTAINED IN A DATABASE AND A REPORT IS PROVIDED TO THE BOARD.

Identifier	Return Reference	Explanation
		THE PRESIDENT & CEO WAS COMPENSATED BY AVERA HEALTH ANNUALLY THE COMPENSATION COMMITTEE OF AVERA HEALTH, WHICH IS COMPRISED OF SIX (6) SYSTEM MEMBERS APPOINTED BY THE RELIGIOUS ORDERS, MEETS WITH AN INDEPENDENT CONSULTANT REGARDING FAIR MARKET VALUE OF OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEE APPROVES ALL SALARIES BASED ON COMPARABLE DATA AND DOCUMENTS THE BASIS FOR THEIR DECISION IN MEETING MINUTES THE COMPENSATION OF THE CFO IS DETERMINED BY AVERA MARSHALL HUMAN RESOURCES BASED ON A MARKET ANALYSIS THE COMPENSATION COMMITTEE APPROVES THE CFO'S COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ATTACHED TO THE FORM 990 PER IRS INSTRUCTIONS AND THEREFORE AVAILABLE TO THE GENERAL PUBLIC

Identifier	Return Reference	Explanation
	FORM 990, PART VII	MARY MAERTENS AND SHARON WILLIAMS SERVE AVERA MARSHALL FOUNDATION, A RELATED ORGANIZATION, ONE AND TWO-TENTHS AND ONE-TENTH HOURS PER WEEK, RESPECTIVELY AS BOARD MEMBERS, SR JOANN STURTZEL SERVES AVERA ST LUKES, A RELATED ORGANIZATION, ONE HOUR PER WEEK AND SR MARY JOAN REICHEL T SERVES AVERA MCKENNAN 2 HOURS PER WEEK

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -937,698 EQUITY TRANSFER FROM RELATED PARTIES -92,079 TOTAL TO FORM 990, PART XI, LINE 5 -1,029,777

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OF AVERA HEALTH, PARENT ORGANIZATION, SELECTS THE AUDITOR AND REVIEWS THE AUDITED FINANCIAL STATEMENTS FOR AVERA MARSHALL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 16B	THERE IS NO WRITTEN POLICY OR PROCEDURE IN THE EVENT OF ANY SUCH PROPOSED TRANSACTION THE BOARD OR A COMMITTEE WITH DELEGATED AUTHORITY REVIEWS ALL MATERIALS, VALUATIONS AND OPERATIONAL ASPECTS FOR ANY PROPOSED TRANSACTION SUCH TRANSACTION WOULD BE EVALUATED IN ACCORDANCE WITH THE EXEMPT STATUS OF THE ORGANIZATION AND ITS APPLICABLE PURPOSES ANY TRANSACTION ALSO WOULD BE APPROVED BY THE BOARD AND THE MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART X, LINE 20	THE ISSUE PRICE INCLUDES THE FILING ORGANIZATION'S SHARE OF THE ENTIRE BOND ISSUE, WHICH WAS ISSUED TO AVERA HEALTH ON BEHALF OF THE AVERA OBLIGATED GROUP. THE AVERA OBLIGATED GROUP CONSISTS OF AVERA HEALTH, AVERA MCKENNAN, AVERA ST. LUKES, AVERA QUEEN OF PEACE, AVERA SACRED HEART, AND AVERA MARSHALL. IN ACCORDANCE WITH IRS INSTRUCTIONS, INFORMATION RELATED TO THE TAX-EXEMPT BOND REPORTING IS BEING REPORTED ON AVERA HEALTH'S TAX RETURN.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AVERA MARSHALL

Employer identification number
41-0919153

Part I

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

(a) Name, address, and EIN 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.)

(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 organization	
						Yes	No
See Additional Data Table							

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	
See Additional Data Table												

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
(1) ACCOUNTS MANAGEMENT INC 5132 S CLIFF AVE SUITE 101 SIOUX FALLS, SD 57108 46-0373021	COLLECTION AGENCY	SD	N/A	C			
(2) AVERA HEALTH PLANS INC 3900 WEST AVERA DRIVE SUITE 101 SIOUX FALLS, SD 57108 46-0451539	HEALTH FINANCING AND HEALTH PLAN ADMIN	SD	N/A	C			
(3) AVERA PROPERTY INSURANCE INC 610 W 23RD ST PO BOX 38 YANKTON, SD 57078 46-0463155	INSURANCE	SD	N/A	C			
(4) VALLEY HEALTH SERVICES 501 SUMMIT STREET YANKTON, SD 57078 46-0357149	MEDICAL EQUIPMENT	SD	N/A	C			

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

No

Yes

No

No

No

Yes

No

No

Yes

No

No

Yes

Yes

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AVERA MARSHALL FOUNDATION			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 41-0919153

Name: AVERA MARSHALL

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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
AVERA ST ANTHONY'S HOSPITAL 300 N 2ND STREET ONEILL, NE 68763 47-0463911	HEALTHCARE SERVICES	NE	501(C) (3)	LINE 3	AVERA HEALTH		No
AVERA HOLY FAMILY 826 N 8TH STREET ESTHERVILLE, IA 51334 42-0680370	HEALTHCARE SERVICES	IA	501(C) (3)	LINE 3	AVERA HEALTH		No
AVERA HOLY FAMILY FOUNDATION 826 N 8TH STREET ESTHERVILLE, IA 51334 42-1317452	SUPPORT OF HOLY FAMILY HOSPITAL AND HOME HEALTH AGENCY	IA	501(C) (3)	LINE 9	AVERA HOLY FAMILY		No
ST BENEDICT HEALTH CENTER 401 WEST GLYNN DRIVE PARKSTON, SD 57366 46-0226738	HEALTHCARE SERVICES	SD	501(C) (3)	LINE 3	AVERA HEALTH		No
ST BENEDICT HEALTH CENTER FOUNDATION WEST GLYNN DRIVE PO BOX B PARKSTON, SD 57366 46-0226738	SUPPORT HEALTH RELATED SERVICES	SD	501(C) (3)	LINE 11A, I	ST BENEDICT HEALTH CENTER		No
AVERA MCKENNAN 1325 S CLIFF AVE PO BOX 5045 SIOUX FALLS, SD 57117 46-0224743	HEALTHCARE SERVICES	SD	501(C) (3)	LINE 3	AVERA HEALTH		No
AVERA QUEEN OF PEACE HOSPITAL 525 NORTH FOSTER MITCHELL, SD 57301 46-0224604	HEALTHCARE SERVICES	SD	501(C) (3)	LINE 3	AVERA HEALTH		No
SACRED HEART HEALTH SERVICES 501 SUMMIT STREET YANKTON, SD 57078 46-0225483	HEALTHCARE SERVICES	SD	501(C) (3)	LINE 3	AVERA HEALTH		No
SACRED HEART RURAL HEALTH CLINICS 501 SUMMIT STREET YANKTON, SD 57078 46-0423930	CLINIC SERVICES	SD	501(C) (3)	LINE 3	SACRED HEART HEALTH SERVICES		No
HEALTH MANAGEMENT SERVICES 501 SUMMIT STREET YANKTON, SD 57078 46-0399291	ADULT DAYCARE AND HOMEMAKING SERVICES	SD	501(C) (3)	LINE 9	SACRED HEART HEALTH SERVICES		No
LEWIS AND CLARK HEALTH EDUCATION AND SERVICE AGENCY 1000 W 4TH STREET SUITE 9 YANKTON, SD 57078 46-0337013	HEALTHCARE EDUCATION	SD	501(C) (3)	LINE 9	SACRED HEART HEALTH SERVICES		No
AVERA ST LUKE'S 305 SOUTH STATE STREET ABERDEEN, SD 57401 46-0224598	HEALTHCARE SERVICES	SD	501(C) (3)	LINE 3	AVERA HEALTH		No
AVERA WORKERS' COMPENSATION TRUST 3900 WEST AVERA DRIVE SIOUX FALLS, SD 57108 46-0407148	ECONOMICAL COVERAGE OF WORKERS' COMPENSATION CLAIMS	SD	501(C) (3)	LINE 11B, II	AVERA HEALTH		No
AVERA HEALTH 3900 WEST AVERA DRIVE SUITE 300 SIOUX FALLS, SD 57108 46-0422673	HEALTHCARE SERVICES	SD	501(C) (3)	LINE 9	N/A		No
AVERA MARSHALL FOUNDATION 300 S BRUCE STREET MARSHALL, MN 56258 41-1784801	FUNDRAISING	MN	501(C) (3)	LINE 7	AVERA MARSHALL	Yes	



Consolidated Financial Statements
June 30, 2012 and 2011

Avera Marshall Regional Medical Center

Avera Marshall Regional Medical Center

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June 30, 2012 and 2011

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Independent Auditor's Report

The Board of Directors
Avera Marshall Regional Medical Center
Marshall, Minnesota

We have audited the accompanying consolidated balance sheets of Avera Marshall Regional Medical Center (Medical Center) as of June 30, 2012 and 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting. Accordingly, we do not express such an opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Avera Marshall Regional Medical Center as of June 30, 2012 and 2011, and the consolidated results of their operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As disclosed in Note 17 to the financial statements, in accordance with updates to the relevant accounting standards pertaining to the presentation and disclosure of patient service revenue, provision for bad debts, and the allowance for doubtful accounts for certain health care entities, Avera Marshall Regional Medical Center has changed its presentation and disclosure of those financial statement elements.

A handwritten signature in cursive script that reads "Eide Bailly LLP".

Sioux Falls, South Dakota
September 28, 2012

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	<u>2012</u>	<u>2011</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 3,794,347	\$ 4,926,389
Certificates of deposit	-	645,000
Receivables		
Patient, net of estimated uncollectibles,		
charity, and other allowances of approximately		
\$3,981,000 in 2012 and \$4,186,000 in 2011	6,197,928	6,264,326
Other	628,932	588,666
Supplies	1,315,996	1,138,457
Prepaid expenses	1,012,886	1,276,169
	<u>12,950,089</u>	<u>14,839,007</u>
Assets Limited as to Use		
By Board for capital improvements and debt redemption	24,718,684	26,734,707
Investments held by Foundation	10,367,909	10,124,312
	<u>35,086,593</u>	<u>36,859,019</u>
Property and Equipment, Net	<u>29,508,647</u>	<u>26,518,213</u>
Other Assets		
Receivables	897,292	1,457,873
Intangible assets, net of accumulated amortization of		
\$91,944 in 2012 and \$59,045 in 2011	247,711	264,610
Deferred financing costs, net of accumulated		
amortization of \$-0- in 2012 and \$21,620 in 2011	-	275,184
Investment in affiliated organizations	265,899	235,731
	<u>1,410,902</u>	<u>2,233,398</u>
Total assets	<u><u>\$ 78,956,231</u></u>	<u><u>\$ 80,449,637</u></u>

See Notes to Consolidated Financial Statements

Avera Marshall Regional Medical Center
Consolidated Balance Sheets
June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 911,703	\$ 890,461
Accounts payable		
Trade	2,374,320	2,852,501
Estimated third-party payor settlements	740,804	1,426,260
Accrued expenses		
Salaries, wages and benefits	921,413	1,620,692
Vacation	1,422,659	1,242,643
Other	84,335	41,478
Interest	36,275	475,697
Total current liabilities	<u>6,491,509</u>	<u>8,549,732</u>
Long-Term Debt, Less Current Maturities	<u>17,686,347</u>	<u>18,532,372</u>
Total liabilities	<u>24,177,856</u>	<u>27,082,104</u>
Net Assets		
Unrestricted	44,457,589	43,256,154
Temporarily restricted	9,919,448	9,745,420
Permanently restricted	401,338	365,959
Total net assets	<u>54,778,375</u>	<u>53,367,533</u>
Total liabilities and net assets	<u><u>\$ 78,956,231</u></u>	<u><u>\$ 80,449,637</u></u>

Avera Marshall Regional Medical Center
Consolidated Statements of Operations
Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Unrestricted Revenues, Gains, and Other Support		
Net patient and resident service revenue	\$ 58,524,092	\$ 53,791,143
Provision for bad debts	<u>670,990</u>	<u>518,029</u>
Net patient and resident service revenue		
less provision for bad debts	57,853,102	53,273,114
Other revenue	<u>1,147,598</u>	<u>1,142,111</u>
Total unrestricted revenues, gains, and other support	<u>59,000,700</u>	<u>54,415,225</u>
Expenses		
Salaries	25,602,906	22,998,273
Employee benefits	5,539,188	5,237,446
Medical fees	2,574,385	1,472,955
Purchased services	907,194	1,015,885
Supplies	7,802,573	6,694,960
Repairs and maintenance	1,947,039	1,610,957
Other	6,332,877	5,860,476
Insurance	266,767	235,740
Utilities and communication	875,936	785,007
Interest	1,011,440	1,149,138
Depreciation and amortization	4,145,194	3,935,070
Provision for bad debts	<u>100,000</u>	<u>-</u>
Total expenses	<u>57,105,499</u>	<u>50,995,907</u>
Operating Income	<u>1,895,201</u>	<u>3,419,318</u>
Other (Loss) Income		
Investment (loss) income	(174,541)	3,087,106
Loss on extinguishment of long-term debt	(262,579)	-
Other income, net	211,608	209,466
Loss on disposal of property and equipment	<u>(376,175)</u>	<u>(10,329)</u>
Total other (loss) income, net	<u>(601,687)</u>	<u>3,286,243</u>
Revenues in Excess of Expenses	1,293,514	6,705,561
Contributions and grants for capital	-	96,504
Net assets released from restrictions for capital	-	1,500,000
Net asset transfers to related parties	<u>(92,079)</u>	<u>-</u>
Increase in Unrestricted Net Assets	<u>\$ 1,201,435</u>	<u>\$ 8,302,065</u>

Avera Marshall Regional Medical Center
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Unrestricted Net Assets		
Revenues in excess of expenses	\$ 1,293,514	\$ 6,705,561
Contributions and grants for capital	-	96,504
Net assets released from restrictions for capital	-	1,500,000
Net equity transfers to related parties	<u>(92,079)</u>	<u>-</u>
Increase in unrestricted net assets	<u>1,201,435</u>	<u>8,302,065</u>
Temporarily Restricted Net Assets		
Contributions	81,085	77,223
Investment income, net of expenses	92,943	465,107
Net assets transferred to permanently restricted	-	(100,000)
Net assets released from restrictions for capital	<u>-</u>	<u>(1,500,000)</u>
Increase (decrease) in temporarily restricted net assets	<u>174,028</u>	<u>(1,057,670)</u>
Permanently Restricted Net Assets		
Contributions	35,379	88,484
Net assets transferred from temporarily restricted	<u>-</u>	<u>100,000</u>
Increase in permanently restricted net assets	<u>35,379</u>	<u>188,484</u>
Increase in Net Assets	1,410,842	7,432,879
Net Assets, Beginning of Year	<u>53,367,533</u>	<u>45,934,654</u>
Net Assets, End of Year	<u><u>\$ 54,778,375</u></u>	<u><u>\$ 53,367,533</u></u>

Avera Marshall Regional Medical Center
Consolidated Statements of Cash Flows
Years Ended June 30, 2012 and 2011

	2012	2011
Operating Activities		
Change in net assets	\$ 1,410,842	\$ 7,432,879
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	4,145,194	3,935,070
Amortization of financing costs	12,606	15,332
Equity transfers	92,079	-
Loss on extinguishment of long-term debt	262,579	-
Loss on disposal of property and equipment	376,175	10,329
Contributions and investment earnings restricted by donors	(209,407)	(630,814)
Earnings from equity method investments	(104,168)	(88,101)
Net realized and unrealized gains and losses on investments	222,801	(3,066,105)
Changes in assets and liabilities		
Receivables	26,132	939,070
Supplies	(177,539)	(148,077)
Prepaid expenses	263,283	(610,162)
Other assets	560,580	(775,582)
Accounts payable	(1,252,715)	1,512,503
Accrued expenses	(915,828)	743,840
Net Cash from Operating Activities	4,712,614	9,270,182
Investing Activities		
Purchase of property and equipment	(7,289,826)	(3,359,061)
Distributions from equity method investments	74,000	168,500
Purchase of intangible assets	(16,000)	(47,520)
Proceeds from sales of certificates of deposit	645,000	480,000
Purchases of certificates of deposit	-	(645,000)
Proceeds from sale and maturities of assets limited as to use	4,076,080	2,822,621
Purchases of assets limited as to use	(2,526,455)	(7,644,139)
Net Cash used for Investing Activities	(5,037,201)	(8,224,599)
Financing Activities		
Proceeds from issuance of long-term debt	17,800,000	-
Repayment of long-term debt	(18,724,783)	(1,082,685)
Equity transfers	(92,079)	-
Contributions and investment earnings restricted by donors	209,407	630,814
Net Cash used for Financing Activities	(807,455)	(451,871)
Net (Decrease) Increase in Cash and Cash Equivalents	(1,132,042)	593,712
Cash and Cash Equivalents, Beginning of Year	4,926,389	4,332,677
Cash and Cash Equivalents, End of Year	\$ 3,794,347	\$ 4,926,389

See Notes to Consolidated Financial Statements

Avera Marshall Regional Medical Center
Consolidated Statements of Cash Flows
Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	<u>\$ 1,450,862</u>	<u>\$ 1,082,141</u>
Supplemental Disclosure of Noncash Financing and Investing Activities		
Property and equipment acquired under capital lease	<u>\$ 100,000</u>	<u>\$ -</u>
Accounts payable for property and equipment	<u>\$ 709,979</u>	<u>\$ 620,901</u>

Note 1 - Organization and Significant Accounting Policies

Organization

Avera Marshall Regional Medical Center (Medical Center) operates a 25-bed critical access hospital, a 76-licensed-bed skilled nursing facility, a 10-bed behavioral health unit, and an adult day-care center located in Marshall, Minnesota. The Medical Center also operates various clinics in Marshall, Minnesota and the surrounding region. The Medical Center is organized as a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Medical Center operates under the tenets of the Roman Catholic Church and in accordance with the philosophy and values established for Avera Health, the sole member of the Medical Center and a sponsored ministry of the Benedictine and Presentation Sisters.

Principles of Consolidation

The consolidated financial statements of the Medical Center include the accounts and operations of its sponsored affiliate, Avera Marshall Foundation (Foundation). The Foundation is a Minnesota nonprofit organization formed to further develop the health care needs of the area.

All material inter-organizational transactions between the Foundation and the Medical Center have been eliminated.

Use of Estimates

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Patient and Resident Receivables

Patient and resident receivables are uncollateralized patient, resident, and third-party payor obligations. For the year ended June 30, 2011, the Medical Center did not charge interest on its delinquent patient and resident receivables. Beginning July 1, 2011, patient and resident receivables with a minimum balance of \$50, excluding amounts due from third party payors, with service dates that have aged greater than 90 days are assessed interest at a rate of 0.66 percent per month (8% annual rate). Payments of patient and resident receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Medical Center analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts.

Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third party coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates, if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Medical Center's process for calculating the allowance for doubtful accounts for self-pay patients has not significantly changed between the years ended June 30, 2012 and 2011. The Medical Center does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write offs from third-party payors. The Medical Center changed its financial assistance policy during the year ended June 30, 2012 related to uninsured patients. The change did not have a material impact on financial statement amounts or disclosures. No changes were made to the charity care and uninsured discount policies during 2011.

Supplies

Supplies are stated at lower of cost (first-in, first-out) or market.

Investments and Investment Income

Investments with readily determinable market values are stated at fair value. The fair value of all debt and equity securities with readily determinable fair values are based on quotations obtained from national and foreign securities exchanges. Certificates of deposit are recorded at historical cost, plus accrued interest. The Medical Center has adopted Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 825. ASC 825 permits entities to choose to measure many financial instruments and certain other items at fair value. All investments are classified as trading securities, therefore investment income or loss (including interest income, dividends, net changes in unrealized gains and losses, and net realized gains and losses) is included in revenues in excess of (less than) expenses unless the income or loss is restricted by donor or law.

The Medical Center, through its affiliation with Avera Health, participates in the Avera Pooled Investment Fund, a fund administered by Avera Health. The Pooled Investment Fund has a portion of its holdings in alternative investments, which are not readily marketable. These alternative investments include partnerships and other interests that invest in hedge funds, real asset funds, and private equity/venture capital funds, among others. Many of these alternative investments have fair values that are determined using the net asset value (NAV) provided by the investment manager. NAV is a practical expedient to determine the fair value of investments that do not have readily determinable fair values and prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company. Investment income, including interest, dividends, realized gains and losses, and unrealized gains and losses are allocated to participants of the Avera Pooled Investment Fund based upon their pro rata share of the investments.

Assets Limited as to Use

Assets limited as to use include assets set aside by the Board of Directors for future capital improvements and debt redemption over which the Board retains control and may at its discretion subsequently use for other purposes, and assets held by the Foundation and restricted by donors

Fair Value Measurements

The Medical Center has determined the fair value of certain assets and liabilities in accordance with the provisions of generally accepted accounting principles, which provides a framework for measuring fair value under generally accepted accounting principles

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs

A fair value hierarchy has been established, which prioritizes the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability

Property and Equipment

Property and equipment acquisitions in excess of \$5,000 (\$2,500 prior to November 1, 2010) are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the consolidated financial statements

The estimated useful lives of property and equipment are as follows:

Land improvements	5-25 years
Buildings and improvements	5-40 years
Equipment	3-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net assets and are excluded from revenues in excess of expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service

Impairment of Long-lived Assets

The Medical Center considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended June 30, 2012 and 2011.

Physician Loans

The Medical Center created a community needs loan program to recruit physicians to provide services to the Marshall community. The Medical Center enters into employment agreements with physicians, whereby the Medical Center provides a loan to the physician, and the physician agrees to establish and maintain a practice in the Marshall community for a minimum number of years. The Medical Center will forgive the loan over the period that the practice is maintained. The Medical Center amortizes each loan on a straight-line basis over the minimum number of years the practice must be maintained.

At June 30, 2012 and 2011, community need loans due to the Medical Center totaled approximately \$1,443,000 and \$1,467,000, respectively. Community need loans have terms ranging from two to five years, with annual interest rates at prime plus 2%, and are included in other receivables for the current portion and long-term receivables for the long term portion within the consolidated balance sheets.

Intangible Assets

Intangible assets consist of medical records purchased as part of the acquisition of clinics and are being amortized over the estimated useful life of 10 years using the straight-line method. These intangible assets are included in other assets on the consolidated balance sheets.

Deferred Financing Costs

Deferred financing costs are amortized over the period the related obligation is outstanding using the interest method.

Investments in Affiliated Organizations

Investments in affiliated organizations in which the Medical Center has the ability to exercise significant influence over operating and financial policies but does not have operation control are recorded under the equity method of accounting. Under the method equity, the initial investment is recorded at cost and adjusted annually to recognize the Medical Center's share of earnings and losses of those entities, net of any additional investments or distributions. The Medical Center's share of net earnings or losses of the entities is included in other revenue.

Revenues in Excess of Expenses

Revenues in excess of expenses excludes transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors.

Net Patient and Resident Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient and resident service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Medical Center recognizes patient and resident service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered, as noted above. For uninsured patients that do not qualify for charity care, the Medical Center recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Medical Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Medical Center records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Net patient and resident service revenue, but before the provision for bad debts, recognized for the years ended June 30, 2012 and 2011 from these major payor sources, is as follows:

	<u>2012</u>	<u>2011</u>
Net patient and resident service revenue		
Third-party payors	\$ 55,374,831	\$ 50,723,715
Self-pay	3,149,261	3,067,428
	<u>\$ 58,524,092</u>	<u>\$ 53,791,143</u>

Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Medical Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as patient and resident service revenue. The estimated cost of providing these services was approximately \$335,000 and \$323,000 for the years ended June 30, 2012 and 2011, calculated by multiplying the ratio of cost to gross charges for the Hospital by the gross uncompensated charges associated with providing charity care to its patients.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor stipulated time restrictions or purpose restrictions are met or accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the consolidated statement of operations.

Income Taxes

The Medical Center and Foundation are Minnesota nonprofit corporations and have been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Medical Center and Foundation are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Medical Center is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Medical Center files an Exempt Organization Business Income Tax Return (Form 990T) with the IRS to report its unrelated business taxable income. State tax filings are also required in the state of Minnesota. Management has determined that the Foundation is not subject to unrelated business taxable income.

The Medical Center and Foundation believe they have appropriate support for any tax positions taken affecting their annual filing requirements, and as such, do not have any uncertain tax positions that are material to the financial statements. The Medical Center and Foundation would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred. The Medical Center's Federal Form 990T filings are no longer subject to federal and state tax examinations by tax authorities for years before 2009. Generally, 990 filings for the Medical Center and Foundation are also not subject to federal and state tax examinations before 2009.

Advertising Costs

The Medical Center expenses advertising costs as they are incurred.

Reclassifications

Certain amounts in the 2011 financial statements have been reclassified for comparative purposes to conform with the presentation in the current year consolidated financial statements. These reclassifications did not affect the consolidated financial position or the consolidated change in net assets as previously reported.

Subsequent Events

The Medical Center has evaluated subsequent events through September 28, 2012, the date which the consolidated financial statements were available to be issued.

Note 2 - Loan Guarantees

On May 1, 2012, the Medical Center became a member of the Avera Health Obligated Group (Obligated Group) and became party to a Master Trust Indenture that results in the Medical Center being jointly and severally obligated for various debt issues of the Obligated Group. The Obligated Group is comprised of Avera Health and five of its sponsored organizations including Avera McKennan, Avera St. Luke's, Sacred Heart Health Services, Avera Queen of Peace, and Avera Marshall. The Medical Center and other Obligated Group members have recorded their allocable share of the par amount of these debt transactions based on their respective underlying proceeds from the various debt issuances. The Master Trust Indenture also places limits on the incurrence of additional borrowings and requires that the Obligated Group satisfy certain measures of financial performance as long as the debt is outstanding.

The Medical Center is jointly and severally obligated for various bond issues as of June 30, 2012 and 2011, under a Master Trust Indenture as follows

South Dakota Health and Educational Facilities Authority, Series 2012A	
Revenue Bonds, fixed interest rates ranging from 3.00% to 5.00%, due in varying semi-annual interest payments and annual principal payments through July 1, 2042	\$ 71,205,000
South Dakota Health and Educational Facilities Authority, Series 2012B	
Revenue Bonds, variable interest rates rate of approximately 1.24% from May 1, 2012 to June 30, 2012, varying principal payments due annually through initial tender date of May 1, 2019, final maturity of July 1, 2038	131,265,000
Series 2012C term note obligation payable to a financial institution, fixed interest rate of 2.45%, due in monthly payments of \$70,201 with final balloon payment of \$15,672,840 due May 1, 2017	
	17,767,351
South Dakota Health and Educational Facilities Authority, Series 2008B	
Revenue Bonds, 5.25% to 5.50%, interest only until July 1, 2033, then varying annual installments to July 1, 2038	50,320,000
South Dakota Health and Educational Facilities Authority, Series 2008C	
Variable Rate Demand Revenue Bonds, 1.01% to 1.07% during the fiscal year for a weighted average interest rate of 1.04%, interest only until July 1, 2014, then varying annual installments through initial tender date of May 1, 2017 with a stated maturity of July 1, 2033	61,495,000
	<u>\$ 332,052,351</u>

Note 3 - Net Patient and Resident Service Revenue

The Medical Center has agreements with third-party payors that provide for payments to the Medical Center at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare The Medical Center is licensed as a Critical Access Hospital (CAH). The Medical Center is reimbursed for most inpatient and outpatient services on a cost-based methodology with final settlement determined after submission of annual cost reports by the Medical Center and are subject to audits thereof by the Medicare fiscal intermediary. The Medical Center's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2010.

Medicaid The Medical Center is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Medical Center and audits thereof by the Medicaid fiscal intermediary. The Medical Center's Medicaid cost reports have been settled by the Medicaid fiscal intermediary through June 30, 2006.

Blue Cross Inpatient and outpatient services rendered to Blue Cross subscribers are reimbursed on the basis of the Medical Center's charges.

The Medical Center has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Medical Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Revenue from Medicare and Medicaid programs account for approximately 32% and 15% of the Organization's net patient and resident service revenue for year ended June 30, 2012 and 30% and 15% for the year ended June 30, 2011. Laws and regulations governing Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient and resident service revenue for the years ended June 30, 2012 and 2011, increased approximately \$590,000 and \$8,000, respectively, due to differences in estimated and actual cost report settlements and due to the removal of allowances previously estimated that are no longer necessary as a result of final and tentative settlements and years that are no longer likely subject to audits, reviews, and investigations.

A summary of patient and resident service revenue and contractual allowances for the years ended June 30, 2012 and 2011, is as follows:

	<u>2012</u>	<u>2011</u>
Total patient and resident service revenue	<u>\$ 91,967,562</u>	<u>\$ 84,131,748</u>
Contractual adjustments		
Medicare	17,503,555	16,562,215
Medicaid	5,771,444	4,941,991
Blue Cross	5,865,452	4,572,199
Other	3,812,376	3,873,821
Cost of goods sold	<u>490,643</u>	<u>390,379</u>
Total contractual adjustments	<u>33,443,470</u>	<u>30,340,605</u>
Net patient and resident service revenue	<u><u>\$ 58,524,092</u></u>	<u><u>\$ 53,791,143</u></u>

Note 4 - Investments and Investment Income

Assets Limited as to Use

The composition of assets limited as to use at June 30, 2012 and 2011 is as follows

	2012	2011
By Board for capital improvements		
Certificates of deposit	\$ 250,000	\$ 1,499,855
Asset backed securities	55,344	620,622
Accrued interest receivable	1,181	5,977
Pooled Investment Fund*	24,412,159	24,608,253
	<u>\$ 24,718,684</u>	<u>\$ 26,734,707</u>
Held by Foundation		
Equity and stocks	\$ 518,560	\$ 507,140
U S Treasury bills	1,566,695	1,305,569
U S government agency securities	3,367,764	3,536,791
Municipal bonds	1,666,330	1,372,474
Corporate bonds	1,999,638	2,213,517
Pooled Investment Fund*	1,248,922	1,188,821
	<u>\$ 10,367,909</u>	<u>\$ 10,124,312</u>

Pooled Investment Fund *

The Medical Center is a participant in the Avera Pooled Investment Fund, a fund administered by Avera Health that is maintained for the benefit of facilities that are sponsored, operated, or managed by Avera Health. Investments are made in conformity with the objectives and guidelines of the Avera Health Pooled Investment Committee. Within the fund, facilities share in a pool of investments that are managed by various fund managers. Asset valuation and income and losses of the fund are allocated to participating members based on the carrying amount of their investment in the fund.

Avera Marshall Regional Medical Center
Notes to Consolidated Financial Statements
June 30, 2012 and 2011

Avera Pooled Investment Fund assets consisted of the following types of investments at June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Equity mutual funds	23.6%	24.9%
Fixed income mutual funds	15.9%	10.1%
Publicly traded equity securities	12.0%	13.2%
Cash and short-term investments	11.9%	6.7%
Non-publicly traded alternative investments		
Hedge fund	11.3%	12.7%
Real asset	2.6%	2.4%
US Agency obligations	6.8%	12.1%
Foreign equities	5.9%	8.5%
Corporate bonds	5.7%	5.3%
Other fixed income	2.4%	2.7%
US Treasury obligations	1.9%	1.4%
	<u>100.0%</u>	<u>100.0%</u>

Investment Income

Investment income and gains and losses on assets limited as to use, cash equivalents, and temporary investments consist of the following for the years ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Other income		
Interest income	\$ 48,260	\$ 21,001
Net realized gains on investments	717,397	736,793
Change in unrealized gains and losses on investments	(940,198)	2,329,312
	<u>\$ (174,541)</u>	<u>\$ 3,087,106</u>
Changes in temporarily restricted net assets		
Investment income, net of expenses		
Net realized gains on investments	\$ 6,760	\$ 296,441
Change in unrealized gains and losses on investments	86,183	168,666
	<u>\$ 92,943</u>	<u>\$ 465,107</u>

Note 5 - Fair Value Measurements

Assets and liabilities measured at fair value on a recurring basis at June 30, 2012 and 2011, respectively, are as follows

	2012	2011
Assets limited as to use		
Asset backed securities	\$ 55,344	\$ 620,622
Equity and stocks	518,560	507,140
U S Treasury bills	1,566,695	1,305,569
U S government agency securities	3,367,764	3,536,791
Municipal bonds	1,666,330	1,372,474
Corporate bonds	1,999,638	2,213,517
	<u>\$ 9,174,331</u>	<u>\$ 9,556,113</u>

The related fair value of these assets and liabilities are determined as follows

	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<u>June 30, 2012</u>			
Asset backed securities	\$ -	\$ 55,344	\$ -
Equity and stocks	518,560	-	-
U S Treasury bills	1,566,695	-	-
U S government agency securities	-	3,367,764	-
Corporate bonds	-	1,666,330	-
Taxable municipal bonds	-	1,999,638	-
	<u>\$ 2,085,255</u>	<u>\$ 7,089,076</u>	<u>\$ -</u>
<u>June 30, 2011</u>			
Asset backed securities	\$ -	\$ 620,622	\$ -
Equity and stocks	507,140	-	-
U S Treasury bills	1,305,569	-	-
U S government agency securities	-	3,536,791	-
Corporate bonds	-	1,372,474	-
Taxable municipal bonds	-	2,213,517	-
	<u>\$ 1,812,709</u>	<u>\$ 7,743,404</u>	<u>\$ -</u>

The fair value for Level 1 assets are determined by reference to quoted market prices. The fair value of level 2 assets is based on quoted prices for similar instruments in active markets and quoted prices for identical or similar instruments in markets that are not active.

Note 6 - Investment in Affiliated Organizations

The Medical Center is a 50 percent owner in Avera Home Medical Equipment of Marshall, LLC and shares 50 percent of the profits and losses. This entity was capitalized by assets and cash contributed by the Medical Center and Avera Home Medical Equipment LLC, an organization sponsored by Avera Health. Summary unaudited balance sheet information as of June 30, 2012 and 2011, for the equity investee is as follows:

	2012	2011
Cash and cash equivalents	\$ 92,155	\$ 53,028
Accounts receivable, net	383,002	193,220
Other current assets	94,367	97,219
Land, building and equipment, net	65,683	92,977
Other long-term assets	-	64,063
	<u>635,207</u>	<u>500,507</u>
Total assets	<u>\$ 635,207</u>	<u>\$ 500,507</u>
Current liabilities	\$ 103,409	\$ 29,046
Net assets	<u>531,798</u>	<u>471,461</u>
	<u>\$ 635,207</u>	<u>\$ 500,507</u>
Total liabilities and net assets	<u>\$ 635,207</u>	<u>\$ 500,507</u>

Summary income statement information for the years ended June 30, 2012 and 2011, for the equity investee is as follows:

	2012	2011
Total revenues	\$ 865,218	\$ 865,608
Total expenses	<u>656,881</u>	<u>689,407</u>
Revenues in excess of expenses	<u>\$ 208,337</u>	<u>\$ 176,201</u>

Note 7 - Leases

Lessor Leases

The Medical Center is the lessor of an ambulatory care center under agreement with Affiliated Community Medical Center (ACMC). The lease of one floor of the ambulatory care center is with ACMC and required annual payments that approximated the debt service on the Medical Center's 1975 Gross Revenue bonds. Under the lease, payments (other than maintenance, utilities and real estate taxes) terminated when the related Gross Revenue Bonds were paid. No significant rental payments were required under this lease for the years ended June 30, 2012 and 2011, as the Gross Revenue Bonds were previously paid off. With the improvements to the building in 2002, the tenant began annual lease payments of approximately \$38,817 through September 2012. In addition to the annual rent, the lessee is also liable for maintenance, utilities and any ad valorem taxes and special assessments that may be levied against the property.

Avera Marshall Regional Medical Center
Notes to Consolidated Financial Statements
June 30, 2012 and 2011

Property leased to others under operating leases consists of the following

	<u>2012</u>	<u>2011</u>
Land improvements	\$ 8,528	\$ 8,528
Building	1,113,219	1,113,219
	<u>1,121,747</u>	<u>1,121,747</u>
Less accumulated amortization (included with depreciation and amortization)	<u>(824,129)</u>	<u>(771,125)</u>
	<u><u>\$ 297,618</u></u>	<u><u>\$ 350,622</u></u>

Lessee Leases

The Medical Center leases certain equipment under long-term lease agreements and other equipment and property is leased with terms of less than one year or cancelable upon written notice. Total lease expense under operating leases was \$132,097 and \$175,062 for the years ended June 30, 2012 and 2011. The capitalized leased assets consist of

	<u>2012</u>	<u>2011</u>
Equipment	\$ 2,920,068	\$ 2,820,068
Less accumulated amortization (included with depreciation and amortization)	<u>(2,543,014)</u>	<u>(2,080,667)</u>
	<u><u>\$ 377,054</u></u>	<u><u>\$ 739,401</u></u>

Minimum future lease payments for the capital leases are as follows

<u>Years Ending June 30,</u>	
2013	\$ 304,591
2014	33,336
2015	13,882
	<u>351,809</u>
Less interest	<u>(6,617)</u>
Present value of minimum lease payments - Note 9	<u><u>\$ 345,192</u></u>

Note 8 - Property and Equipment

	2012		2011	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 507,112	\$ -	\$ 439,812	\$ -
Land improvements	812,115	651,987	812,115	628,802
Buildings	36,641,331	21,117,583	35,428,009	19,731,161
Equipment	23,966,676	16,421,696	22,464,437	14,024,001
Construction in progress	5,772,679	-	1,757,804	-
	<u>\$ 67,699,913</u>	<u>\$ 38,191,266</u>	<u>\$ 60,902,177</u>	<u>\$ 34,383,964</u>
Net property and equipment		<u>\$ 29,508,647</u>		<u>\$ 26,518,213</u>

Construction in progress at June 30, 2012 primarily represents costs in relation to the construction of the Medical Center's physician's office building and remodel of the old building. Outstanding contractual commitments for the project were approximately \$1.7 million at June 30, 2012. The project has an estimated complete date of October 2012.

Note 9 - Long-Term Debt

Long-term debt at June 30, 2012 and 2011 is as follows:

	2012	2011
Series 2010A Health Facilities Revenue Bonds, due in semi-annual installments of \$659,628 including interest, to February 2040, interest rate fixed at 6.00% to February 1, 2013, resetting every three years thereafter based on a variable formula with a floor of 5%, secured by property and equipment, refinanced on May 1, 2012	\$ -	\$ 17,992,194
Related party payables to Avera Health		
Series 2012C term loan obligation of the Obligated Group	17,767,352	-
0.00% note payable, unsecured, payable in equal monthly payments through October 2014, the note payable is being used by the Medical Center to finance the purchase of an electronic medical records system	<u>485,506</u>	<u>693,581</u>
	18,252,858	18,685,775
Capital lease obligation - Note 7	<u>345,192</u>	<u>737,058</u>
	18,598,050	19,422,833
Less current maturities	<u>(911,703)</u>	<u>(890,461)</u>
	<u>\$ 17,686,347</u>	<u>\$ 18,532,372</u>

Long term debt maturities as follows

Year Ending June 30.

2013	\$ 911,703
2014	657,257
2015	509,535
2016	435,894
2017	16,083,661
	<u>\$ 18,598,050</u>

On May 1, 2012, the Medical Center refinanced its Series 2010A bonds with proceeds from financing issued by the Obligated Group. The Series 2012C obligation is a term note with a financial institution dated May 1, 2012 that was used to refinance the Medical Center's Series 2010A bonds. The Series 2012C obligation had an original principal amount of \$17,800,000 and bears interest at 2.45% through the maturity date of May 1, 2017. Monthly principal and interest payments of \$70,201 are due through the maturity date with a balloon payment of \$15,672,840 due at maturity. Interest rate terms for the note are subject to change based on changes in the creditworthiness of the Obligated Group.

Note 10 - Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Oncology program	\$ 7,501,171	\$ 7,354,504
Board-designated endowment for healthcare services	1,661,263	1,638,907
Various health care services	<u>757,015</u>	<u>752,009</u>
	<u>\$ 9,919,448</u>	<u>\$ 9,745,420</u>

The funds held under the Oncology program and board designated endowment for healthcare services are contractually committed to be overseen by a special committee of the Foundation that was established as part of the Membership Transfer Agreement for a period of 10 years, expiring November 2, 2019.

Permanently restricted net assets at June 30, 2012 and 2011, are restricted to:

	<u>2012</u>	<u>2011</u>
Investments to be held in perpetuity, the income from which is expendable to support the Medical Center and its programs	<u>\$ 401,338</u>	<u>\$ 365,959</u>

In 2012 and 2011, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$0- and 1,500,000, respectively. These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements.

Note 11 - Endowments

The Medical Center's endowments consist of two donor-restricted funds held at the Avera Health Foundation and a board designated fund held at a local financial institution. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The board-designated endowment funds are classified as temporarily restricted net assets as the original funds have been assigned to a special committee for future grant-making under a contractual arrangement. All donor-restricted endowment funds of the Medical Center are held at the Avera Health Foundation. Below is a summary of policies that have been implemented by the Foundation for endowment funds.

Interpretation of Relevant Law

The Medical Center has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Medical Center in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the Foundation and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Foundation
- (7) The investment policies of the Foundation

Changes in endowment net assets for the years ended June 30, 2012 and 2011, are as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, June 30, 2010	\$ -	\$ 1,534,332	\$ 177,475	\$ 1,711,807
Reclassification of net assets	-	-	100,000	100,000
Investment return, net of expenses	-	117,080	-	117,080
Contributions	-	77,223	88,484	165,707
Endowment net assets, June 30, 2011	-	1,728,635	365,959	2,094,594
Investment return, net of expenses	-	12,823	-	12,823
Contributions	-	-	35,379	35,379
Endowment net assets, June 30, 2012	\$ -	\$ 1,741,458	\$ 401,338	\$ 2,142,796

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor restricted endowment funds may fall below the level that the donor requires the Medical Center to retain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in unrestricted net assets. There were no such deficiencies that were deemed material as of June 30, 2012 and 2011.

Return Objectives and Risk Parameters

The Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Medical Center must hold in perpetuity or for a donor-specified period.

Under these policies, the endowment assets will be invested in a manner that is intended to produce results that meet the price and yield investment returns established by the Avera Pooled Investment Committee while assuming a moderate level of investment risk. The Medical Center expects its endowment funds, over time, to provide an average rate of return of approximately 6%-8% annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Medical Center as well as its affiliate, the Avera Health Foundation, rely on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Medical Center targets risk diversification through holdings in both fixed income and equity securities. The Avera Health Foundation targets a diversified asset allocation including equity securities, fixed-income securities, hedge funds, and private equity to achieve its long-term return objectives within prudent risk constraints.

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Avera Health Foundation Board of Directors determines the annual spending rate and distribution amounts based on a review of the average market value of the endowment funds over the most recent 20 quarters. Local governing boards review the spending rate and distribution information and determine if payouts that would invade the corpus would be fiscally responsible.

Note 12 - Contingencies

Malpractice Insurance

The Medical Center has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and \$3 million annual aggregate. The Medical Center is also insured under an excess umbrella liability policy with a limit of \$10 million per claim and \$10 million annual aggregate and a limit of \$35 million shared with Avera Health. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

Litigation, Claims, and Disputes

The Medical Center is subject to the usual contingencies in the normal course of operations relating to the performance of its task under its various services it offers. In the opinion of management, the ultimate settlement of litigation, claims, and disputes in process will not be material to the consolidated financial position of the Medical Center.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services. Management believes the Medical Center is in substantial compliance with current laws and regulations.

Note 13 - Employee Retirement Plans

Defined Benefit Pension Plan – Cash Balance

Employees of Avera Marshall are eligible to participate in the Cash Balance Retirement Plan for Employees of the Sisters of the Presentation of the Blessed Virgin Mary of Aberdeen South Dakota (“Defined Benefit Pension Plan – Cash Balance”). The Plan is not subject to regulations requiring the filing of IRS Form 5500. The Plan’s fiscal year is from January 1 to December 31.

Under the Cash Balance Plan, employees become active members on the first day of the month coinciding with or next following the date they meet the eligibility requirements of age 21 and one year of service. Pension benefits are based on a percentage of the employee’s eligible earnings and are payable at retirement under several annuitized payment options. During the years ended June 30, 2012 and 2011, Avera Marshall had expenses of \$666,323, and \$727,466, respectively, to the Cash Balance Plan.

The latest available financial information available for the Plan as of June 30, 2012 is as follows:

<u>Pension Plan</u>	<u>EIN</u>	<u>December 31, 2011 Plan Assets</u>	<u>December 31, 2011 Actuarial Present Value of Accumulated Plan Benefits</u>	<u>Year Ended December 31, 2011 Total Plan Contributions</u>
Defined Benefit Pension Plan – Cash Balance	46-0253283	<u>\$ 38,197,008</u>	<u>\$ 39,586,266</u>	<u>\$ 5,525,042</u>

The contributions made by Avera Marshall Regional Medical Center represented more than 5% of the total contributions made to the Plan during the plan year ended December 31, 2011. As of December 31, 2011, the Plan was more than 80% funded. To the extent the Plan may become underfunded, future contributions to the Plan may increase.

Defined Contribution Pension Plan

Eligible employees of Avera Marshall also participate in a defined contribution pension plan (“403(b) Plan”). Under the 403(b) Plan, participant contributions are matched up to 2% of eligible employee compensation. Avera Marshall recognized total 403(b) Plan contribution costs of \$330,401 and \$289,176 for the years ended June 30, 2012 and 2011, respectively.

Note 14 - Related Party Transactions

Avera Health and its sponsors, the Benedictine and Presentation Sisters, operate various health care related organizations in addition to the Medical Center. Material transactions between the Medical Center and these affiliated organizations for the years ended June 30, 2012 and 2011, were as follows:

	2012	2011
Payments to related organizations recorded by the Medical Center		
Management and other services	\$ 2,218,937	\$ 2,138,779
Salaries, wages and benefits	2,202,434	3,116,972
Employee benefit programs	1,153,584	1,154,830
Purchased services	349,989	316,373
Lease	208,074	208,074
Supplies	70,582	50,760
Fixed asset additions	189,014	80,859
Payments from related organizations recorded by the Medical Center		
Rent revenue and other miscellaneous revenues	104,168	88,101
Consolidated balance sheet items		
Receivables	23,202	68,885
Payables	408,693	99,681
Equity in investment in HME LLC	265,899	235,731
Long-term debt	18,252,858	693,581

Note 15 - Concentrations of Credit Risk

Accounts Receivable under Third-Party Payor Contracts

The Medical Center grants credit without collateral to its patients, most of who are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2012 and 2011, is as follows:

	2012	2011
Medicare	28%	32%
Medicaid	10%	14%
Commercial insurance	33%	28%
Self pay	19%	19%
Other	10%	7%
	<u>100%</u>	<u>100%</u>

FDIC Insurance

The Medical Center's cash balances are maintained in various bank deposit accounts. At times during the years ended June 30, 2012 and 2011, the balances of these deposits were in excess of federally-insured limits. The Medical Center's practice is to ensure collateralization for deposits made with financial institutions.

Collective Bargaining Agreements

The Medical Center is subject to two collective bargaining agreements. The Minnesota Nursing Association (MNA) contract is effective through September 30, 2012. MNA is approximately 19 percent of the Medical Center employees. The American Federation of State, County, and Municipal Employees (AFSCME) contract also expires on September 30, 2012. AFSCME is approximately 4 percent of the Medical Center employees.

Note 16 - Functional Expenses

The Medical Center provides health care services to residents within its geographic location. Expenses related to providing these services by functional class are as follows:

	2012	2011
Health care services	\$ 46,345,246	\$ 41,217,513
General and administrative	10,543,288	9,688,620
Fundraising	216,965	89,774
	<u>\$ 57,105,499</u>	<u>\$ 50,995,907</u>

Note 17 - Change in Accounting Principle

During the year ended June 30, 2012, the Medical Center early adopted the provisions of ASU No. 2011-07, *Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, as allowable. In accordance with the implementation guidance, the Medical Center retroactively applied the presentation requirements to 2011. The impact on 2011 was a decrease to total revenues, gains, and other support of \$518,029, and a decrease to total expenses of \$518,029 in the consolidated statements of operations. There was no impact on operating income or net assets.



Supplementary Information
June 30, 2012 and 2011

Avera Marshall Regional Medical Center



Independent Auditor's Report on Supplementary Information

The Board of Directors
Avera Marshall Regional Medical Center
Marshall, Minnesota

We have audited the consolidated financial statements of Avera Marshall Regional Medical Center as of and for the years ended June 30, 2012 and 2011 and our report thereon dated September 28, 2012, which expressed an unqualified opinion on those consolidated financial statements, appears on page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The statistical and financial highlights on page 29, which is the responsibility of management, are presented for the purpose of additional analysis and are not a required part of the consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

A handwritten signature in cursive script that reads 'Eide Bailly LLP'.

Sioux Falls, South Dakota
September 28, 2012

Avera Marshall Regional Medical Center
Statistical and Financial Highlights – Unaudited
Years Ended June 30, 2012 and 2011

	2012	2011
Patient Days (1)		
Medicare	1,918	1,924
Non-Medicare	2,077	2,292
Total	<u>3,995</u>	<u>4,216</u>
Newborn Patient Days	<u>874</u>	<u>951</u>
Swing-Bed Days	<u>499</u>	<u>409</u>
Discharges		
Medicare	648	633
Non-Medicare	1,332	1,402
Total	<u>1,980</u>	<u>2,035</u>
Average Length of Stay	<u>2.7</u>	<u>2.7</u>
Behavioral-Health Bed Days	<u>2,813</u>	<u>2,657</u>
Discharges		
Medicare	99	109
Non-Medicare	283	380
Total	<u>382</u>	<u>489</u>
Average Length of Stay	<u>7.4</u>	<u>5.4</u>
Nursing Home Days	<u>27,449</u>	<u>27,402</u>
Most Frequent Year-End Routine Service Rates		
Basic room charge	\$ 1,402.50	\$ 1,323.00
Nursery	1,015.50	958.00
Collection Statistics		
Number of days gross charges outstanding	39	43
Uncollectible accounts (2)	\$ 1,470,838	\$ 1,167,448
Percentage of uncollectible accounts to total charges	1.6%	1.4%
Financial Statistics		
Percentage of operating income to total unrestricted revenues, gains, and other support	3.2%	6.3%
Percentage of revenues in excess of expenses to total unrestricted revenues, gains, and other support	2.2%	12.3%

(1) Excludes newborn and swing-bed

(2) Includes collection fees, provision for bad debts and charity allowances