

Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at [www IRS gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
Avera Queen of Peace Hospital

Doing business as  
Avera Queen of Peace Health Service

Number and street (or P O box if mail is not delivered to street address)Room/suite  
525 North Foster Street

City or town, state or province, country, and ZIP or foreign postal code  
Mitchell, SD 57301

**D** Employer identification number  
  
46-0224604

**E** Telephone number  
  
(605) 995-2251

**G** Gross receipts \$ 107,616,409

**F** Name and address of principal officer  
Thomas A Clark  
525 North Foster Street  
Mitchell, SD 57301

**H(a)** Is this a group return for subordinates?  
No

☐ Yes ☒ No

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

☐ Yes ☐ No

**H(c)** Group exemption number ▶ 0928

**I** Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ www.averaqueenofpeace.org

**K** Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1905

**M** State of legal domicile SD

Part I

Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities  
Promotion of health

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

**3** Number of voting members of the governing body (Part VI, line 1a) . . . . .

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .

**6** Total number of volunteers (estimate if necessary) . . . . .

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

**b** Net unrelated business taxable income from Form 990-T, line 34 . . . . .

**3**

**4**

**5**

**6**

**7a**

**7b**

18

13

989

54

0

0

Revenue

**8** Contributions and grants (Part VIII, line 1h) . . . . .

**9** Program service revenue (Part VIII, line 2g) . . . . .

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

**14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

**16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶169,412

**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

**18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

**19** Revenue less expenses Subtract line 18 from line 12 . . . . .

**Prior Year**

**Current Year**

283,044

205,641

106,176,795

106,138,833

1,600,903

917,063

-299,256

-200,565

107,761,486

107,060,972

1,604,567

275,247

0

0

55,155,185

60,184,304

0

0

45,276,679

46,026,583

102,036,431

106,486,134

5,725,055

574,838

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) . . . . .

**21** Total liabilities (Part X, line 26) . . . . .

**22** Net assets or fund balances Subtract line 21 from line 20 . . . . .

**Beginning of Current Year**

**End of Year**

142,177,140

134,504,013

48,060,314

45,662,750

94,116,826

88,841,263

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

2017-05-04

Date

William E Flett Sec/Treas & VP of Finance

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name  
Kim Hunwardsen CPA

Preparer's signature  
Kim Hunwardsen CPA

Date  
2017-05-04

Check ☐ if self-employed

PTIN  
P00484560

Firm's name ▶ Eide Bailly LLP

Firm's EIN ▶ 45-0250958

Firm's address ▶ 800 Nicollet Mall Ste 1300

Phone no (612) 253-6500

Minneapolis, MN 554027033

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

**Part III**

Statement of Program Service Accomplishments

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

☒

**1** Briefly describe the organization's mission

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?

☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 89,051,490 including grants of \$ 275,247 ) (Revenue \$ 106,188,058 )

Avera Queen of Peace's mission is to provide healthcare services to Mitchell, SD residents and the surrounding area. They provide acute care and long-term healthcare services, of which there were 7,245 acute patient days, 2,245 swing-bed patient days, 1,115 nursery patient days, 29,215 nursing home resident days, 8,914 assisted living resident days, and 2,181 independent living days. The breakout of these statistics per facility is as follows: Avera Queen of Peace Hospital, 6,854 Acute patient days, 1,732 Swing-bed patient days, 1,115 Newborn patient days; Avera Brady Health and Rehabilitation, 29,215 Long-term care resident days, 8,914 Assisted living days, 2,181 Independent living days; Avera Weskota Memorial Medical Center (CAH), 337 Acute patient days, 347 Swing-bed patient days; Avera De Smet Memorial Hospital (CAH), 54 Acute patient days, 166 Swing-bed patient days. Avera Queen of Peace maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and equivalent service statistics. The amount of charges foregone, based on established rates, were \$4,266,732. Avera Queen of Peace also provides community benefit health activities at less than or at no cost to support those in the area serviced. These activities include community education programs, special programs for the elderly, handicapped, and medically underserved, and a variety of broad community support activities. During the year ended June 30, 2016, specific activities include meals delivered to residential homes, meeting facilities, programs for patients and families suffering from cancer, diabetes, breathing disorders, and others, assistance to health educators, and emergency healthcare providers. As a member of the Avera Health network, Avera Queen of Peace upholds the vision of the Presentation and Benedictine Sisters to work through collaboration to provide a quality, effective health ministry and to improve the health care of individuals and our communities through a regionally integrated network of persons and institutions. Avera Queen of Peace engages in activities designed to improve the health of individuals and communities in response to a calling to heal the sick, the elderly, and the oppressed.

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

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

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 89,051,490

Part IV Checklist of Required Schedules

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

**Part IV** Checklist of Required Schedules *(continued)*

|            |                                                                                                                                                                                                                                                                                                                            |            |     |    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | <b>22</b>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | <b>23</b>  | Yes |    |
| <b>24a</b> | 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                          | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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> . . . . .                                                                                      | <b>25a</b> |     | No |
| <b>b</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> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)                                                                                                                               |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | <b>28b</b> | Yes |    |
| <b>c</b>   | 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | <b>31</b>  |     | No |
| <b>32</b>  | 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> . . . . .                                                                                                                                                                      | <b>32</b>  |     | No |
| <b>33</b>  | 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> . . . . .                                                                                                                      | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | <b>35a</b> | Yes |    |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | <b>35b</b> |     | No |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | <b>36</b>  |     | No |
| <b>37</b>  | 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> . . . . .                                                                             | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b>  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

|     |                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                            |     | Yes | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                              | 1a  | 138 |    |
| 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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.                                                             | 2a  | 989 |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> 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  |     | No |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               | 3b  |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  |     | No |
| b   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                              |     |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a  |     | No |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           | 5b  |     | No |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         | 5c  |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  |     | No |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              | 6b  |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                              |     |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            | 7a  |     | No |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            | 7b  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       | 7c  |     | No |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         | 7d  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | 7e  |     | No |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               | 7f  |     | No |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           | 7g  |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         | 7h  |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                 | 8   |     |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         | 9a  |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          | 9b  |     |    |
| 10  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                     |     |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  | 10a |     |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               | 10b |     |    |
| 11  | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                    |     |     |    |
| a   | Gross income from members or shareholders.                                                                                                                                                                                                 | 11a |     |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               | 11b |     |    |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                 | 12a |     |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     | 12b |     |    |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |     |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                              | 13a |     |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                 | 13b |     |    |
| c   | Enter the amount of reserves on hand.                                                                                                                                                                                                      | 13c |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 | 14a |     | No |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 | 14b |     |    |

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                              |           |    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> | 18 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O             |           |    |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> | 13 |     |    |
| <b>2</b> 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?                                               | <b>2</b>  |    | Yes |    |
| <b>3</b> 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? | <b>3</b>  |    |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>  |    |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>  |    |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>  |    | Yes |    |
| <b>7a</b> 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?                                                                 | <b>7a</b> |    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b> |    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                    |           |    |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b> |    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b> |    |     | No |
| <b>9</b> 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        | <b>9</b>  |    |     | No |

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

|                                                                                                                                                                                                                                                                                                       |            |  | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | <b>10a</b> |  |     | No |
| <b>b</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?                                                                   | <b>10b</b> |  |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | <b>11a</b> |  | Yes |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |            |  |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    | <b>12a</b> |  | Yes |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | <b>12b</b> |  | Yes |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | <b>12c</b> |  | Yes |    |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   | <b>13</b>  |  | Yes |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              | <b>14</b>  |  | Yes |    |
| <b>15</b> 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?                                                                        |            |  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | <b>15a</b> |  |     | No |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          | <b>15b</b> |  | Yes |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                    |            |  |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      | <b>16a</b> |  | Yes |    |
| <b>b</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? | <b>16b</b> |  |     | No |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed ▶

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**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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ▶ William E Flett 525 North Foster Mitchell, SD 57301 (605) 995-2251

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organization compensated any current officer, director, or trustee

[illegible]

|           |                                                              |           |         |         |
|-----------|--------------------------------------------------------------|-----------|---------|---------|
| <b>1b</b> | <b>Sub-Total</b>                                             |           |         |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A</b> |           |         |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c)</b>                           | 4,798,684 | 436,913 | 376,044 |

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

**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.

|   |                                                                                                                                                                       |  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 ▶ 19 |  |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Part VIII

Statement of Revenue

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

|                                                           |                                           |                                                                                                                                           |                                                                                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|-----------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                                        | Federated campaigns . . .                                                                                                                 | 1a                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           | b                                         | Membership dues . . . .                                                                                                                   | 1b                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           | c                                         | Fundraising events . . . .                                                                                                                | 1c                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           | d                                         | Related organizations . . .                                                                                                               | 1d                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           | e                                         | Government grants (contributions)                                                                                                         | 1e                                                                                        | 121,207              |                                                    |                                         |                                                                     |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                         | 1f                                                                                        | 84,434               |                                                    |                                         |                                                                     |
|                                                           | g                                         | Noncash contributions included in lines<br>1a-1f \$                                                                                       |                                                                                           | 711                  |                                                    |                                         |                                                                     |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                          |                                                                                           |                      | 205,641                                            |                                         |                                                                     |
| Program Service Revenue                                   | 2a                                        | Net Patient & Resident Services                                                                                                           | Business Code<br>622110                                                                   | 103,060,784          | 103,060,784                                        |                                         |                                                                     |
|                                                           | b                                         | Other Revenue                                                                                                                             | 900099                                                                                    | 2,135,402            | 2,135,402                                          |                                         |                                                                     |
|                                                           | c                                         | Cafeteria                                                                                                                                 | 900099                                                                                    | 497,571              | 497,571                                            |                                         |                                                                     |
|                                                           | d                                         | Meaningful Use Revenue                                                                                                                    | 900099                                                                                    | 325,304              | 325,304                                            |                                         |                                                                     |
|                                                           | e                                         | Interest in Avera Health Fnd                                                                                                              | 900099                                                                                    | 88,116               | 88,116                                             |                                         |                                                                     |
|                                                           | f                                         | All other program service revenue                                                                                                         |                                                                                           | 31,656               | 31,656                                             |                                         |                                                                     |
|                                                           | g                                         | Total. Add lines 2a-2f . . . . .                                                                                                          |                                                                                           |                      | 106,138,833                                        |                                         |                                                                     |
|                                                           | Other Revenue                             | 3                                                                                                                                         | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . |                      | 101,770                                            |                                         |                                                                     |
| 4                                                         |                                           | Income from investment of tax-exempt bond proceeds . .                                                                                    |                                                                                           |                      |                                                    |                                         |                                                                     |
| 5                                                         |                                           | Royalties . . . . .                                                                                                                       |                                                                                           |                      |                                                    |                                         |                                                                     |
| 6a                                                        |                                           | Gross rents                                                                                                                               | (i) Real<br>297,036                                                                       | (ii) Personal        |                                                    |                                         |                                                                     |
| b                                                         |                                           | Less rental<br>expenses                                                                                                                   | 546,947                                                                                   |                      |                                                    |                                         |                                                                     |
| c                                                         |                                           | Rental income<br>or (loss)                                                                                                                | -249,911                                                                                  |                      |                                                    |                                         |                                                                     |
| d                                                         |                                           | Net rental income or (loss) . . . . .                                                                                                     |                                                                                           | -249,911             |                                                    |                                         | -249,911                                                            |
| 7a                                                        |                                           | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                           | (i) Securities<br>759,814                                                                 | (ii) Other<br>63,843 |                                                    |                                         |                                                                     |
| b                                                         |                                           | Less cost or<br>other basis and<br>sales expenses                                                                                         | 0                                                                                         | 8,364                |                                                    |                                         |                                                                     |
| c                                                         |                                           | Gain or (loss)                                                                                                                            | 759,814                                                                                   | 55,479               |                                                    |                                         |                                                                     |
| d                                                         |                                           | Net gain or (loss) . . . . .                                                                                                              |                                                                                           | 815,293              |                                                    |                                         | 815,293                                                             |
| 8a                                                        |                                           | Gross income from fundraising<br>events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>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<br>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<br>returns and allowances . .                                                                              | a                                                                                         |                      |                                                    |                                         |                                                                     |
| b                                                         |                                           | Less cost of goods sold . . .                                                                                                             | b                                                                                         |                      |                                                    |                                         |                                                                     |
| c                                                         |                                           | Net income or (loss) from sales of inventory . .                                                                                          |                                                                                           | 121                  |                                                    |                                         | 121                                                                 |
|                                                           |                                           | Miscellaneous Revenue                                                                                                                     | Business Code                                                                             |                      |                                                    |                                         |                                                                     |
| 11a                                                       |                                           | Operating Interest                                                                                                                        | 900099                                                                                    | 49,225               | 49,225                                             |                                         |                                                                     |
| b                                                         |                                           |                                                                                                                                           |                                                                                           |                      |                                                    |                                         |                                                                     |
| c                                                         |                                           |                                                                                                                                           |                                                                                           |                      |                                                    |                                         |                                                                     |
| d                                                         | All other revenue . . . . .               |                                                                                                                                           |                                                                                           |                      |                                                    |                                         |                                                                     |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                           |                                                                                           | 49,225               |                                                    |                                         |                                                                     |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                           |                                                                                           | 107,060,972          | 106,188,058                                        | 0                                       | 667,273                                                             |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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



| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b>                                                                       | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                                          | 275,247               | 275,247                         |                                        |                             |
| <b>2</b>                                                                       | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>3</b>                                                                       | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .                                                                                                              |                       |                                 |                                        |                             |
| <b>4</b>                                                                       | Benefits paid to or for members . . . . .                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>5</b>                                                                       | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                                      | 1,164,794             | 948,297                         | 216,497                                |                             |
| <b>6</b>                                                                       | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                                 | 131,982               | 131,982                         |                                        |                             |
| <b>7</b>                                                                       | Other salaries and wages . . . . .                                                                                                                                                                                                                      | 46,548,413            | 41,165,746                      | 5,271,279                              | 111,388                     |
| <b>8</b>                                                                       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .                                                                                                                                            | 2,567,232             | 2,273,099                       | 288,065                                | 6,068                       |
| <b>9</b>                                                                       | Other employee benefits . . . . .                                                                                                                                                                                                                       | 6,951,877             | 6,146,451                       | 789,211                                | 16,215                      |
| <b>10</b>                                                                      | Payroll taxes . . . . .                                                                                                                                                                                                                                 | 2,820,006             | 2,490,911                       | 322,609                                | 6,486                       |
| <b>11</b>                                                                      | Fees for services (non-employees)                                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>a</b>                                                                       | Management . . . . .                                                                                                                                                                                                                                    | 194,004               |                                 | 194,004                                |                             |
| <b>b</b>                                                                       | Legal . . . . .                                                                                                                                                                                                                                         | 6,920                 |                                 | 6,920                                  |                             |
| <b>c</b>                                                                       | Accounting . . . . .                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>d</b>                                                                       | Lobbying . . . . .                                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>e</b>                                                                       | Professional fundraising services. See Part IV, line 17 . . . . .                                                                                                                                                                                       |                       |                                 |                                        |                             |
| <b>f</b>                                                                       | Investment management fees . . . . .                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>g</b>                                                                       | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .                                                                                                                                    | 13,823,442            | 6,167,344                       | 7,656,098                              |                             |
| <b>12</b>                                                                      | Advertising and promotion . . . . .                                                                                                                                                                                                                     | 21,474                | 11,851                          | 9,623                                  |                             |
| <b>13</b>                                                                      | Office expenses . . . . .                                                                                                                                                                                                                               | 7,743,047             | 6,109,349                       | 1,612,267                              | 21,431                      |
| <b>14</b>                                                                      | Information technology . . . . .                                                                                                                                                                                                                        | 242,312               | 131,618                         | 110,694                                |                             |
| <b>15</b>                                                                      | Royalties . . . . .                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| <b>16</b>                                                                      | Occupancy . . . . .                                                                                                                                                                                                                                     | 1,910,410             | 1,362,089                       | 548,321                                |                             |
| <b>17</b>                                                                      | Travel . . . . .                                                                                                                                                                                                                                        | 331,756               | 259,506                         | 68,073                                 | 4,177                       |
| <b>18</b>                                                                      | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                                |                       |                                 |                                        |                             |
| <b>19</b>                                                                      | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                        | 113,787               | 55,474                          | 54,774                                 | 3,539                       |
| <b>20</b>                                                                      | Interest . . . . .                                                                                                                                                                                                                                      | 756,297               | 756,297                         |                                        |                             |
| <b>21</b>                                                                      | Payments to affiliates . . . . .                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>22</b>                                                                      | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                                     | 4,496,190             | 4,496,190                       |                                        |                             |
| <b>23</b>                                                                      | Insurance . . . . .                                                                                                                                                                                                                                     | 916,916               | 914,459                         | 2,457                                  |                             |
| <b>24</b>                                                                      | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .                                              |                       |                                 |                                        |                             |
| <b>a</b>                                                                       | Medical Supplies . . . . .                                                                                                                                                                                                                              | 11,652,596            | 11,652,596                      |                                        |                             |
| <b>b</b>                                                                       | Bad Debt Expense . . . . .                                                                                                                                                                                                                              | 3,085,244             | 3,085,244                       |                                        |                             |
| <b>c</b>                                                                       | Equipment Lease and Ren . . . . .                                                                                                                                                                                                                       | 29,316                | 27,816                          | 1,500                                  |                             |
| <b>d</b>                                                                       | Taxes and Licenses . . . . .                                                                                                                                                                                                                            | 9,147                 | 9,147                           |                                        |                             |
| <b>e</b>                                                                       | All other expenses . . . . .                                                                                                                                                                                                                            | 693,725               | 580,777                         | 112,840                                | 108                         |
| <b>25</b>                                                                      | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .                                                                                                                                                                                     | 106,486,134           | 89,051,490                      | 17,265,232                             | 169,412                     |
| <b>26</b>                                                                      | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |             | (A)               |             | (B)         |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-------------------|-------------|-------------|
|                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                         |     |             | Beginning of year |             | End of year |
| Assets                                                                                                                     | 1                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     |     |             |                   | 1           |             |
|                                                                                                                            | 2                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        |     |             | 4,498,284         | 2           | 4,287,747   |
|                                                                                                                            | 3                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            |     |             |                   | 3           |             |
|                                                                                                                            | 4                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      |     |             | 13,125,887        | 4           | 13,693,222  |
|                                                                                                                            | 5                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           |     |             |                   | 5           |             |
|                                                                                                                            | 6                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |     |             |                   | 6           |             |
|                                                                                                                            | 7                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               |     |             |                   | 7           |             |
|                                                                                                                            | 8                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   |     |             | 1,425,877         | 8           | 1,492,565   |
|                                                                                                                            | 9                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         |     |             | 1,496,103         | 9           | 1,036,171   |
|                                                                                                                            | 10a                                                                 | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                                                            | 10a | 122,387,173 |                   |             |             |
|                                                                                                                            | b                                                                   | Less—accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                 | 10b | 61,939,867  | 48,671,906        | 10c         | 60,447,306  |
|                                                                                                                            | 11                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                        |     |             | 966,799           | 11          | 983,099     |
|                                                                                                                            | 12                                                                  | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |     |             | 59,440,525        | 12          | 48,671,997  |
|                                                                                                                            | 13                                                                  | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |     |             | 1,665,495         | 13          | 1,975,001   |
|                                                                                                                            | 14                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                             |     |             | 1,785,026         | 14          | 1,540,710   |
|                                                                                                                            | 15                                                                  | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                            |     |             | 9,101,238         | 15          | 376,195     |
| 16                                                                                                                         | Total assets. Add lines 1 through 15 (must equal line 34) . . . . . |                                                                                                                                                                                                                                                                                                                                         |     | 142,177,140 | 16                | 134,504,013 |             |
| Liabilities                                                                                                                | 17                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                         |     |             | 10,497,229        | 17          | 8,329,087   |
|                                                                                                                            | 18                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                                |     |             |                   | 18          |             |
|                                                                                                                            | 19                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                              |     |             | 71,908            | 19          | 46,979      |
|                                                                                                                            | 20                                                                  | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                   |     |             | 35,433,963        | 20          | 34,962,737  |
|                                                                                                                            | 21                                                                  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                                                         |     |             | 6,359             | 21          | 4,557       |
|                                                                                                                            | 22                                                                  | Loans and other 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 . . . . .                                                                                                                                                                                                                                                                |     |             |                   | 23          |             |
|                                                                                                                            | 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 . . . . .                                                                                                                                                         |     |             | 2,050,855         | 25          | 2,319,390   |
|                                                                                                                            | 26                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                    |     |             | 48,060,314        | 26          | 45,662,750  |
|                                                                                                                            | Net Assets or Fund Balances                                         | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.                                                                                                                                                                                     |     |             |                   |             |             |
| 27                                                                                                                         |                                                                     | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                       |     |             | 90,773,261        | 27          | 86,065,086  |
| 28                                                                                                                         |                                                                     | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |     |             | 2,539,692         | 28          | 1,970,452   |
| 29                                                                                                                         |                                                                     | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                             |     |             | 803,873           | 29          | 805,725     |
| Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .                                                                                                                                                                                                                                                                                             |     |             | 94,116,826        | 33          | 88,841,263  |
| 34                                                                                                                         |                                                                     | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                                |     |             | 142,177,140       | 34          | 134,504,013 |

**Part XI**    **Reconciliation of Net Assets**

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

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | <b>1</b>  | 107,060,972 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | <b>2</b>  | 106,486,134 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | <b>3</b>  | 574,838     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .                 | <b>4</b>  | 94,116,826  |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                        | <b>5</b>  | -1,985,566  |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                              | <b>6</b>  |             |
| <b>7</b>  | Investment expenses . . . . .                                                                                 | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments . . . . .                                                                            | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | -3,864,835  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 88,841,263  |

**Part XII**    **Financial Statements and Reporting**

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 46-0224604  
Name: Avera Queen of Peace Hospital

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Terry Torgerson<br>.....<br>Chairperson          | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Diane Sandhoff<br>.....<br>Vice Chair            | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Loren Noess<br>.....<br>Board Member             | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Quinten Burg<br>.....<br>Board Member            | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Sister Kathleen Crowley<br>.....<br>Board Member | 2 50<br>.....<br>4 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Gopal Vyas<br>.....<br>Board Member              | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Sister Bonita Gacnik<br>.....<br>Board Member    | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| David Olson<br>.....<br>Board Member             | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Jason Bradley<br>.....<br>Board Member           | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Lon Essig<br>.....<br>Board Member               | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099- MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099- MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                           |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                        |                                                                             |                                                                                               |
| Jerry Thomsen<br>.....<br>Board Member                                    | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| Sharry Knock<br>.....<br>Board Member                                     | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| Michael Krause DO<br>.....<br>Board Member/Physician                      | 5 00<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 38,538                                                                 | 0                                                                           | 0                                                                                             |
| Jean Koehler<br>.....<br>Board Member                                     | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| Sister Joan Reichelt<br>.....<br>Board Member                             | 2 50<br>.....<br>3 30                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                      | 0                                                                           | 0                                                                                             |
| Patricia Malters MD<br>.....<br>Board Member (thru Sept 2015)             | 40 00<br>.....<br>0 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 194,487                                                                | 0                                                                           | 20,219                                                                                        |
| Hillary Rockwell MDBoard<br>.....<br>Member/Physician (effect Jan 2016)   | 40 00<br>.....<br>0 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 419,184                                                                | 0                                                                           | 41,692                                                                                        |
| Martin Chrstensen MDBoard<br>.....<br>Member/Physician (thru Jan 2016)    | 2 50<br>.....<br>0 00                                                                      | X                                                                                                         |                       |         |              |                              |        | 500                                                                    | 0                                                                           | 0                                                                                             |
| Jennifer Tegethoff MDBoard<br>.....<br>Member/Physician (effect Feb 2016) | 40 00<br>.....<br>0 00                                                                     | X                                                                                                         |                       |         |              |                              |        | 337,327                                                                | 0                                                                           | 44,582                                                                                        |
| Thomas Clark<br>.....<br>President & CEO                                  | 40 00<br>.....<br>0 00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                      | 436,913                                                                     | 41,702                                                                                        |

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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| William E Flett<br>.....<br>Sec/Treas & VP of Finance      | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       | X       |              |                              |        | 174,406                                                               | 0                                                                          | 38,575                                                                                        |
| Brian Kampmann MD<br>.....<br>Orthopedics, Sports Medicine | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 905,888                                                               | 0                                                                          | 44,032                                                                                        |
| Anwarul Haq MD<br>.....<br>Hematology and Oncology         | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 700,921                                                               | 0                                                                          | 21,848                                                                                        |
| Chns Krouse DO<br>.....<br>Orthopedics, Sports Medicine    | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 1,014,568                                                             | 0                                                                          | 42,254                                                                                        |
| Dileep Bhat MD<br>.....<br>Urology                         | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 525,684                                                               | 0                                                                          | 38,108                                                                                        |
| Scott VanKeulen MD<br>.....<br>General Surgery             | 40 00<br>.....<br>0 00                                                                     |                                                                                                           |                       |         |              | X                            |        | 487,181                                                               | 0                                                                          | 43,032                                                                                        |

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Avera Queen of Peace Hospital

Employer identification number  
46-0224604

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An 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 See **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . .
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |         |         |         |         |         |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                      | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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<br>(or fiscal year beginning in) ►                                                                                                                                                                     | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (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 Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                                                    |         |         |         |         |         |          |
| 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 section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/> |         |         |         |         |         |          |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                        |  |    |  |  |  |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|--|--|----------------------------|
| 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                  |  | 14 |  |  |  |                            |
| 15 Public support percentage for 2014 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         |  | 15 |  |  |  |                            |
| 16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                       |  |    |  |  |  | ► <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      |  |    |  |  |  | ► <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |  |    |  |  |  | ► <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 III Support Schedule for Organizations Described in Section 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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |         |         |         |         |         |          |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |         |         |         |         |         |          |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |         |         |         |         |         |          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |         |         |         |         |         |          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                                             | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                                                                 |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                    |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                             |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                                                               |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                        |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                                                    |         |         |         |         |         |          |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                                                     |         |         |         |         |         |          |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

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

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                        |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                           |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                              |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                              |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                     |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?<br><i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                 |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?<br><i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                    |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| 2 Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?<br><i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?<br><i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>                                                                                                                              |  |  |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                          |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                              |  |  |

**Part V**    **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                             |
| <b>6</b>                        | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>       |                             |

| Section B - Minimum Asset Amount |                                                                                                                                | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>1</b>                         | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                             |
| <b>a</b>                         | Average monthly value of securities                                                                                            | <b>1a</b>      |                             |
| <b>b</b>                         | Average monthly cash balances                                                                                                  | <b>1b</b>      |                             |
| <b>c</b>                         | Fair market value of other non-exempt-use assets                                                                               | <b>1c</b>      |                             |
| <b>d</b>                         | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | <b>1d</b>      |                             |
| <b>e</b>                         | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| <b>2</b>                         | Acquisition indebtedness applicable to non-exempt use assets                                                                   | <b>2</b>       |                             |
| <b>3</b>                         | Subtract line 2 from line 1d                                                                                                   | <b>3</b>       |                             |
| <b>4</b>                         | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                             |
| <b>5</b>                         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | <b>5</b>       |                             |
| <b>6</b>                         | Multiply line 5 by .035                                                                                                        | <b>6</b>       |                             |
| <b>7</b>                         | Recoveries of prior-year distributions                                                                                         | <b>7</b>       |                             |
| <b>8</b>                         | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                             | <b>8</b>       |                             |

| Section C - Distributable Amount |                                                                                                                                                                          | Current Year |  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| <b>1</b>                         | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | <b>1</b>     |  |
| <b>2</b>                         | Enter 85% of line 1                                                                                                                                                      | <b>2</b>     |  |
| <b>3</b>                         | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | <b>3</b>     |  |
| <b>4</b>                         | Enter greater of line 2 or line 3                                                                                                                                        | <b>4</b>     |  |
| <b>5</b>                         | Income tax imposed in prior year                                                                                                                                         | <b>5</b>     |  |
| <b>6</b>                         | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | <b>6</b>     |  |
| <b>7</b>                         | Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> |              |  |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions                                                                                                                         | Current Year |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| <b>6</b> Other distributions (describe in Part VI) See instructions                                                                               |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                        |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| <b>9</b> Distributable amount for 2015 from Section C, line 6                                                                                     |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                                    | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2015 from Section C, line 6                                                                                              |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2015                                                                                                   |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>b</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>c</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>d</b> From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>e</b> From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| <b>h</b> Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| <b>i</b> Carryover from 2010 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| <b>4</b> Distributions for 2015 from Section D, line 7 \$                                                                                                  |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| <b>b</b> Applied to 2015 distributable amount                                                                                                              |                             |                                        |                                           |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>b</b>                                                                                                                                                   |                             |                                        |                                           |
| <b>c</b> Excess from 2013. . . . .                                                                                                                         |                             |                                        |                                           |
| <b>d</b> From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| <b>e</b> From 2015. . . . .                                                                                                                                |                             |                                        |                                           |

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

|                                                           |                                              |
|-----------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Avera Queen of Peace Hospital | Employer identification number<br>46-0224604 |
|-----------------------------------------------------------|----------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

|   |                                                                                                          |    |
|---|----------------------------------------------------------------------------------------------------------|----|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV |    |
| 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 function activities                                                                                                                                                                                                                                                                                                                                                                                                       | \$                                                       |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                                                       |
| 4 | Did the filing organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <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- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
| 2        |             |         |                                                                     |                                                                                                                                            |
| 3        |             |         |                                                                     |                                                                                                                                            |
| 4        |             |         |                                                                     |                                                                                                                                            |
| 5        |             |         |                                                                     |                                                                                                                                            |
| 6        |             |         |                                                                     |                                                                                                                                            |

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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? |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period      |         |         |         |         |           |
|-----------------------------------------------------------|---------|---------|---------|---------|-----------|
| Calendar year (or fiscal year beginning in)               | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e) Total |
| 2a Lobbying nontaxable amount                             |         |         |         |         |           |
| b Lobbying ceiling amount (150% of line 2a, column(e))    |         |         |         |         |           |
| c Total lobbying expenditures                             |         |         |         |         |           |
| d Grassroots nontaxable 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)).**

|                                                                                                                          |                                                                                                                                                                                                                              |     |    |        |  |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|--|
| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity |                                                                                                                                                                                                                              | (a) |    | (b)    |  |
|                                                                                                                          |                                                                                                                                                                                                                              | Yes | No | Amount |  |
| <b>1</b>                                                                                                                 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |  |
| <b>a</b>                                                                                                                 | Volunteers?                                                                                                                                                                                                                  |     | No |        |  |
| <b>b</b>                                                                                                                 | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |  |
| <b>c</b>                                                                                                                 | Media advertisements?                                                                                                                                                                                                        |     | No |        |  |
| <b>d</b>                                                                                                                 | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |  |
| <b>e</b>                                                                                                                 | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |  |
| <b>f</b>                                                                                                                 | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |  |
| <b>g</b>                                                                                                                 | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |  |
| <b>h</b>                                                                                                                 | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |  |
| <b>i</b>                                                                                                                 | Other activities?                                                                                                                                                                                                            | Yes |    | 8,835  |  |
| <b>j</b>                                                                                                                 | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 8,835  |  |
| <b>2a</b>                                                                                                                | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |  |
| <b>b</b>                                                                                                                 | If "Yes," enter the amount of any tax incurred under section 4912.                                                                                                                                                           |     |    |        |  |
| <b>c</b>                                                                                                                 | If "Yes," enter the amount of any tax incurred by organization managers under section 4912.                                                                                                                                  |     |    |        |  |
| <b>d</b>                                                                                                                 | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |  |

**Part III-A**

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

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

**Part III-B**

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

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

**Part IV**

**Supplemental Information**

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

| Return Reference  | Explanation                                                                                                                 |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Part II-B, Line 1 | Avera Queen of Peace Hospital paid dues to organizations which have a portion of the dues attributed to lobbying activities |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Avera Queen of Peace Hospital

Employer identification number  
46-0224604

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

|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                                                                            |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

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

|   | 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, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1  
► \$

(ii)

Assets included in Form 990, Part X  
► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1  
► \$

b

Assets included in Form 990, Part X  
► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

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

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 2,859,724       | 2,681,098     | 1,065,019           | 1,040,814           | 1,034,190          |
| b Contributions . . . . .                                  | 304,703         | 326,197       | 1,990,675           |                     |                    |
| c Net investment earnings, gains, and losses . . . . .     | 241,350         | 95,588        | 117,527             | 24,205              | 6,624              |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 676,074         | 222,117       | 473,098             |                     |                    |
| f Administrative expenses . . . . .                        | 13,808          | 21,042        | 19,025              |                     |                    |
| g End of year balance . . . . .                            | 2,715,895       | 2,859,724     | 2,681,098           | 1,065,019           | 1,040,814          |

2

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

a

Board designated or quasi-endowment ▶ 26 670 %

b

Permanent endowment ▶ 15 390 %

c

Temporarily restricted endowment ▶ 57 940 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

No

3a(ii)

Yes

3b

Yes

b

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                      | (a)Cost or other basis (investment) | (b)Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------|-----------------------------|---------------|
| 1a Land . . . . .                                                                                            | 917,404                             | 2,908,464                      |                             | 3,825,868     |
| b Buildings . . . . .                                                                                        |                                     | 72,962,675                     | 32,658,668                  | 40,304,007    |
| c Leasehold improvements . . . . .                                                                           |                                     |                                |                             |               |
| d Equipment . . . . .                                                                                        |                                     | 38,991,439                     | 27,926,856                  | 11,064,583    |
| e Other . . . . .                                                                                            |                                     | 6,607,191                      | 1,354,343                   | 5,252,848     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶ |                                     |                                |                             | 60,447,306    |

Schedule D (Form 990) 2015



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

| Return Reference | Explanation                                                      |
|------------------|------------------------------------------------------------------|
| Part IV, Line 2b | The Organization holds funds in trust on behalf of its residents |

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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part X, Line 2   | Avera Health and most of its sponsored organizations are considered nonprofit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. These organizations are required to file a Return of Organization Exempt from Income Tax (Form 990) with the Internal Revenue Service (IRS). Avera Health and certain sponsored organizations also file an Exempt Organization Business Income Tax Return (Form 990T) with the IRS to report their unrelated business taxable income. Avera Health and its sponsored organizations believe that they have 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 Organization 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 federal Form 990T filings for consolidated subsidiaries are no longer subject to federal tax examinations by tax authorities for years before 2012. |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

|                                                                  |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>Avera Queen of Peace Hospital | <b>Employer identification number</b><br>46-0224604 |
|------------------------------------------------------------------|-----------------------------------------------------|

Part I Financial Assistance and Certain Other Community Benefits at Cost

|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |    |
| 1a                                                                                                                                             | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a                                                                                                                                                                                                                                                                                                                                              | 1a  | Yes |    |
| b                                                                                                                                              | If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                           | 1b  | Yes |    |
| 2                                                                                                                                              | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |     |     |    |
| 3                                                                                                                                              | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year                                                                                                                                                                                                                                                                                      |     |     |    |
| a                                                                                                                                              | Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %                                                         | 3a  | Yes |    |
| b                                                                                                                                              | Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><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 _____ %                         | 3b  | Yes |    |
| c                                                                                                                                              | If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care                                                                                         |     |     |    |
| 4                                                                                                                                              | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance 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 |    |
| b                                                                                                                                              | 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 Financial Assistance and Certain Other Community Benefits at Cost                         |                                                 |                               |                                     |                               |                                   |                              |
|---------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)                                           |                                                 | 2,683                         | 1,487,345                           |                               | 1,487,345                         | 1 440 %                      |
| b Medicaid (from Worksheet 3, column a)                                                     |                                                 | 8,168                         | 8,260,737                           | 5,021,568                     | 3,239,169                         | 3 130 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b)              |                                                 |                               |                                     |                               |                                   |                              |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs                    |                                                 | 10,851                        | 9,748,082                           | 5,021,568                     | 4,726,514                         | 4 570 %                      |
| Other Benefits                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 10                                              | 138                           | 13,923                              |                               | 13,923                            | 0 010 %                      |
| f Health professions education (from Worksheet 5)                                           | 3                                               | 1                             | 70,988                              |                               | 70,988                            | 0 070 %                      |
| g Subsidized health services (from Worksheet 6)                                             | 3                                               | 3,911                         | 719,077                             | 389,625                       | 329,452                           | 0 320 %                      |
| h Research (from Worksheet 7)                                                               |                                                 |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   | 18                                              | 24                            | 443,847                             |                               | 443,847                           | 0 430 %                      |
| j <b>Total.</b> Other Benefits                                                              | 34                                              | 4,074                         | 1,247,835                           | 389,625                       | 858,210                           | 0 830 %                      |
| k <b>Total.</b> Add lines 7d and 7j                                                         | 34                                              | 14,925                        | 10,995,917                          | 5,411,193                     | 5,584,724                         | 5 400 %                      |

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|    | (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 |         |
|----|-----------------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|---------|
| 1  | Physical improvements and housing                         |                               |                                      |                               |                                    |                              |         |
| 2  | Economic development                                      |                               |                                      |                               |                                    |                              |         |
| 3  | Community support                                         |                               |                                      |                               |                                    |                              |         |
| 4  | Environmental improvements                                |                               |                                      |                               |                                    |                              |         |
| 5  | Leadership development and training for community members |                               |                                      |                               |                                    |                              |         |
| 6  | Coalition building                                        |                               |                                      |                               |                                    |                              |         |
| 7  | Community health improvement advocacy                     | 1                             | 14,461                               | 88,212                        | 61,459                             | 26,753                       | 0.030 % |
| 8  | Workforce development                                     | 1                             |                                      | 5,500                         |                                    | 5,500                        | 0.010 % |
| 9  | Other                                                     |                               |                                      |                               |                                    |                              |         |
| 10 | Total                                                     | 2                             | 14,461                               | 93,712                        | 61,459                             | 32,253                       | 0.040 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

3,085,244

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

34,469,373

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

42,799,811

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-8,330,438

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.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

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

No

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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                 |                                               |                                                  |                                                                                    |                                               |

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
**3**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|  |                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
|  | See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Avera Queen of Peace Hospital

|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Name of hospital facility or letter of facility reporting group                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |
| Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1   |     |
|                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |
| Community Health Needs Assessment                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |
| 1                                                                                                                                | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1   | No  |
| 2                                                                                                                                | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2   | No  |
| 3                                                                                                                                | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>.....<br>If "Yes," indicate what the CHNA report describes (check all that apply)<br>a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility<br>b <input checked="" type="checkbox"/> Demographics of the community<br>c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br>d <input checked="" type="checkbox"/> How data was obtained<br>e <input checked="" type="checkbox"/> The significant health needs of the community<br>f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br>g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br>h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests<br>i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs<br>j <input type="checkbox"/> Other (describe in Section C) | 3   | Yes |
| 4                                                                                                                                | Indicate the tax year the hospital facility last conducted a CHNA 20 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |
| 5                                                                                                                                | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5   | Yes |
| 6a                                                                                                                               | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6a  | No  |
| 6b                                                                                                                               | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6b  | No  |
| 7                                                                                                                                | Did the hospital facility make its CHNA report widely available to the public? .....<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)<br>a <input checked="" type="checkbox"/> Hospital facility's website (list url) http://www.avera.org/queen-of-peace<br>b <input checked="" type="checkbox"/> Other website (list url) See Part V<br>c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility<br>d <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7   | Yes |
| 8                                                                                                                                | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8   | Yes |
| 9                                                                                                                                | Indicate the tax year the hospital facility last adopted an implementation strategy 20 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| 10                                                                                                                               | Is the hospital facility's most recently adopted implementation strategy posted on a website?<br>.....<br>a If "Yes" (list url) see Part V<br>b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10  | Yes |
| 10b                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10b | No  |
| 11                                                                                                                               | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| 12a                                                                                                                              | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12a | No  |
| 12b                                                                                                                              | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 12b |     |
|                                                                                                                                  | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Avera Queen of Peace Hospital

Name of hospital facility or letter of facility reporting group

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--|
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP<br><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %<br><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)<br><b>c</b> <input checked="" type="checkbox"/> Asset level<br><b>d</b> <input checked="" type="checkbox"/> Medical indigency<br><b>e</b> <input checked="" type="checkbox"/> Insurance status<br><b>f</b> <input type="checkbox"/> Underinsurance discount<br><b>g</b> <input type="checkbox"/> Residency<br><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13  | Yes |  |
| 14 | Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14  | Yes |  |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application<br><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application<br><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process<br><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15  | Yes |  |
| 16 | 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)<br><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility<br><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP<br><b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C) | 16  | Yes |  |

Billing and Collections

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |     |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--|
| 17 | 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 all of the actions the hospital facility or other authorized party may take upon non-payment?                                                                                                                                                                                                                                                                                                                                                                                                                         | 17 | Yes |  |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted |    |     |  |

Part V

Facility Information (continued)

Avera Queen of Peace Hospital

| Name of hospital facility or letter of facility reporting group                         |                                                                                                                                                                                                                                                                                                                                                                            |    | Yes | No |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 19                                                                                      | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                         | 19 |     | No |
| a                                                                                       | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                                                                                                     |    |     |    |
| c                                                                                       | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                                                                                                  |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                                                                                                     |    |     |    |
| 20                                                                                      | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)                                                                                                                                                                                         |    |     |    |
| a                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge                                                                                                                                                                                                                                                             |    |     |    |
| c                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills                                                                                                                                                                                                        |    |     |    |
| d                                                                                       | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                                                                                                                                                                   |    |     |    |
| e                                                                                       | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |    |     |    |
| f                                                                                       | <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                                                                                                                   |    |     |    |
| Policy Relating to Emergency Medical Care                                               |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 21                                                                                      | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .<br>If "No," indicate why | 21 | 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 Section C)                                                                                                                                                                                                                           |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |    |     |    |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 22                                                                                      | 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 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 its 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 checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |    |     |    |
| 23                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual 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? . . . . .<br>If "Yes," explain in Section C                                                           | 23 |     | No |
| 24                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C                                                                                                                                                             | 24 | Yes |    |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Avera Weskota Memorial Medical Center

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                     | No  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----|
| <b>Community Health Needs Assessment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |     |
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1</b>                | No  |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>2</b>                | No  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>.....<br>If "Yes," indicate what the CHNA report describes (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility<br><b>b</b> <input checked="" type="checkbox"/> Demographics of the community<br><b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br><b>d</b> <input checked="" type="checkbox"/> How data was obtained<br><b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community<br><b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br><b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br><b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests<br><b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs<br><b>j</b> <input type="checkbox"/> Other (describe in Section C)<br><b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u><br><b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted<br>..... | <b>3</b><br><b>5</b>    | Yes |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b>               | No  |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b>               | No  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.avera.org/weskota/</u><br><b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>See Part V</u><br><b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility<br><b>d</b> <input type="checkbox"/> Other (describe in Section C)<br><b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b><br><b>8</b>    | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u><br><b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?<br>.....<br><b>a</b> If "Yes" (list url) <u>See Part V</u><br><b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>10</b><br><b>10b</b> | Yes |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed<br><b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>12a</b>              | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>12b</b>              |     |
| <b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |     |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Avera Weskota Memorial Medical Center

Name of hospital facility or letter of facility reporting group

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--|
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP<br><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %<br><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)<br><b>c</b> <input checked="" type="checkbox"/> Asset level<br><b>d</b> <input checked="" type="checkbox"/> Medical indigency<br><b>e</b> <input checked="" type="checkbox"/> Insurance status<br><b>f</b> <input type="checkbox"/> Underinsurance discount<br><b>g</b> <input type="checkbox"/> Residency<br><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13  | Yes |  |
| 14 | Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14  | Yes |  |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application<br><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application<br><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process<br><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15  | Yes |  |
| 16 | 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)<br><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility<br><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP<br><b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C) | 16  | Yes |  |

Billing and Collections

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |     |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--|
| 17 | 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 all of the actions the hospital facility or other authorized party may take upon non-payment?                                                                                                                                                                                                                                                                                                                                                                                                                         | 17 | Yes |  |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted |    |     |  |

Part V

Facility Information (continued)

Avera Weskota Memorial Medical Center

| Name of hospital facility or letter of facility reporting group                         |                                                                                                                                                                                                                                                                                                                                                                            |    | Yes | No |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 19                                                                                      | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                         | 19 |     | No |
| a                                                                                       | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                                                                                                     |    |     |    |
| c                                                                                       | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                                                                                                  |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                                                                                                     |    |     |    |
| 20                                                                                      | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)                                                                                                                                                                                         |    |     |    |
| a                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge                                                                                                                                                                                                                                                             |    |     |    |
| c                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills                                                                                                                                                                                                        |    |     |    |
| d                                                                                       | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                                                                                                                                                                   |    |     |    |
| e                                                                                       | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |    |     |    |
| f                                                                                       | <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                                                                                                                   |    |     |    |
| Policy Relating to Emergency Medical Care                                               |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 21                                                                                      | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .<br>If "No," indicate why | 21 | 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 Section C)                                                                                                                                                                                                                           |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |    |     |    |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 22                                                                                      | 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 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 its 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 checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |    |     |    |
| 23                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual 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? . . . . .<br>If "Yes," explain in Section C                                                           | 23 |     | No |
| 24                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C                                                                                                                                                             | 24 | Yes |    |

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Avera De Smet Memorial Hospital

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                             | No                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------|
| <b>Community Health Needs Assessment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                    |
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1</b>                                        | No                 |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>2</b>                                        | No                 |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>.....<br>If "Yes," indicate what the CHNA report describes (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility<br><b>b</b> <input checked="" type="checkbox"/> Demographics of the community<br><b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br><b>d</b> <input checked="" type="checkbox"/> How data was obtained<br><b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community<br><b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br><b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br><b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests<br><b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs<br><b>j</b> <input type="checkbox"/> Other (describe in Section C)<br><b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u><br><b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted<br>..... | <b>3</b><br><b>5</b>                            | <br>Yes            |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b>                                       | No                 |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b>                                       | No                 |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.avera.org/de-smet/</u><br><b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>See Part V</u><br><b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility<br><b>d</b> <input type="checkbox"/> Other (describe in Section C)<br><b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....<br><b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u><br><b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?<br>.....<br><b>a</b> If "Yes" (list url) <u>See Part V</u><br><b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?<br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>7</b><br><b>8</b><br><b>10</b><br><b>10b</b> | <br>Yes<br><br>Yes |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed<br><b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?<br>.....<br><b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?<br>.....<br><b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>12a</b><br><b>12b</b>                        | No                 |

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Avera De Smet Memorial Hospital

Name of hospital facility or letter of facility reporting group

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|--|
| 13 | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP<br><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %<br><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)<br><b>c</b> <input checked="" type="checkbox"/> Asset level<br><b>d</b> <input checked="" type="checkbox"/> Medical indigency<br><b>e</b> <input checked="" type="checkbox"/> Insurance status<br><b>f</b> <input type="checkbox"/> Underinsurance discount<br><b>g</b> <input type="checkbox"/> Residency<br><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13  | Yes |  |
| 14 | Explained the basis for calculating amounts charged to patients?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14  | Yes |  |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)<br><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application<br><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application<br><b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process<br><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15  | Yes |  |
| 16 | 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)<br><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>http://www.avera.org/experience/ah/financial-assistance-charity-care/</u><br><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)<br><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility<br><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP<br><b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C) | 16  | Yes |  |

Billing and Collections

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |     |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--|
| 17 | 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 all of the actions the hospital facility or other authorized party may take upon non-payment?                                                                                                                                                                                                                                                                                                                                                                                                                         | 17 | Yes |  |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP<br><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted |    |     |  |

Part V

Facility Information (continued)

Avera De Smet Memorial Hospital

| Name of hospital facility or letter of facility reporting group                         |                                                                                                                                                                                                                                                                                                                                                                            |    | Yes | No |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 19                                                                                      | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .<br>If "Yes," check all actions in which the hospital facility or a third party engaged                                                         | 19 |     | No |
| a                                                                                       | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                                                                                                     |    |     |    |
| c                                                                                       | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                                                                                                  |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                                                                                                     |    |     |    |
| 20                                                                                      | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)                                                                                                                                                                                         |    |     |    |
| a                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission                                                                                                                                                                                                                                                                   |    |     |    |
| b                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge                                                                                                                                                                                                                                                             |    |     |    |
| c                                                                                       | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills                                                                                                                                                                                                        |    |     |    |
| d                                                                                       | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy                                                                                                                                                                                   |    |     |    |
| e                                                                                       | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |    |     |    |
| f                                                                                       | <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                                                                                                                   |    |     |    |
| Policy Relating to Emergency Medical Care                                               |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 21                                                                                      | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? . . . . .<br>If "No," indicate why | 21 | 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 Section C)                                                                                                                                                                                                                           |    |     |    |
| d                                                                                       | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                     |    |     |    |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) |                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| 22                                                                                      | 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 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 its 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 checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                          |    |     |    |
| 23                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual 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? . . . . .<br>If "Yes," explain in Section C                                                           | 23 |     | No |
| 24                                                                                      | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C                                                                                                                                                             | 24 | Yes |    |

**Part V**   **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference | Explanation |
|-------------------------|-------------|
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |

**Part V**   **Facility Information** *(continued)*

**Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? 2

| Name and address                                                                   | Type of Facility (describe) |
|------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> 1 - Avera Brady Health and Rehab<br>500 S Ohman St<br>Mitchell, SD 57301  | Nursing Home                |
| <b>2</b> 2 - Avera Brady Assisted Living<br>1414 W Cedar Ave<br>Mitchell, SD 57301 | Assisted Living             |
| <b>3</b>                                                                           |                             |
| <b>4</b>                                                                           |                             |
| <b>5</b>                                                                           |                             |
| <b>6</b>                                                                           |                             |
| <b>7</b>                                                                           |                             |
| <b>8</b>                                                                           |                             |
| <b>9</b>                                                                           |                             |
| <b>10</b>                                                                          |                             |

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                            |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 3c         | The methodology used to determine eligibility for financial assistance takes into consideration income, net assets, family size and resources available to pay for care In addition, presumptive charity care may be applied in situations where all other avenues have been exhausted |

| Form and Line Reference | Explanation                                                                                                                                                                                                           |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 6a         | Our community benefit report is contained in 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. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Line 7          | Charity care expense was converted to cost on line 7a based on an overall cost-to-charge ratio addressing all patient segments. Unreimbursed Medicaid on line 7b was calculated using the costing methods to prepare the cost reports. Community health improvement services, line 7e, health professions education, line 7f, and cash and in-kind donations, line 7i were compiled using actual costs recorded in the CBISA software. The cost for subsidized health services reported on line 7g was determined using the Medicare Cost Report. |

| Form and Line Reference | Explanation                                                                                                                                                           |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I, Ln 7 Col(f)     | A vera Queen of Peace bad debt expense of \$3,085,244 is included on Form 990, Part IX, Line 25, Column (A ) but excluded for purposes of calculating this percentage |

| Form and Line Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II, Community Building Activities | Avera Queen of Peace supports numerous economic development organizations with participation at meetings and donations throughout its service area. Additionally, Avera Queen of Peace works with Dakota Wesleyan University, the Mitchell Technical Institute, and local high schools to address healthcare worker shortages in the communities of its service area. Avera Queen of Peace also partners with the Mitchell Senior Meals program to ensure access to nutritious meals for the elderly. |

| Form and Line Reference | Explanation                                                                                                                                                               |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Line 4        | The footnote to the Organization's financial statements that describes bad debt expenses is located in Footnote 1 on page 10 of the attached audited financial statements |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Line 8        | <p>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 Centers for Medicare and Medicaid Services. Avera Queen of Peace follows the CHA guidelines in reporting community benefits and therefore any Medicare shortfall (as calculated including our non-cost report entities) is excluded from our community benefit report. However, Medicare is the Organization's largest payer and patients with Medicare coverage are accepted regardless of whether or not a surplus or deficit is realized from providing the services. This basis therefore means providing Medicare services promotes access to healthcare services which is a key advantage for our community.</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part III, Line 9b       | <p>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 current self-pay collection policy guidelines and timeframes, the organization or its agent shall not send, nor intimate that it will send, the unpaid bill to any outside collection agency. Avera organizations will allow all individuals 120 days from the first post discharge statement to apply for financial assistance before sending the uncollected account to an outside collection agency. Avera will provide the patient with a statement or final notice that contains a listing of the specific collection action(s) it intends to initiate, and a deadline after which they may be initiated no earlier than 30 days before action is initiated. If the patient qualifies for 100% charity care, no further bills will be sent. A letter will be sent instead indicating that the patient's bill has been completely forgiven.</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 2         | Avera Queen of Peace conducted a Community Health Needs Assessment for each facility during 2015 and 2016. The Community Health Needs Assessments for Avera Queen of Peace, Avera Weskota Memorial Medical Center and Avera De Smet Memorial Hospital were adopted by the Avera Queen of Peace Governing Board on May 24, 2016. The CHNA implementation plans for the three facilities was adopted by the Avera Queen of Peace Governing Board on September 27, 2016. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                  |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 3         | A summary of the financial assistance policy is posted in the Hospital facility's emergency rooms, waiting rooms, and admissions office and is included in the billing statement. In addition, the financial assistance policy is discussed with the patient upon admission to the facility. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 4         | Avera Queen of Peace's service area includes Davison County and surrounding counties in South Dakota. In 2015, the population for Davison County was estimated to be 19,858. Approximately 17.7% of the population is age 65 or older. The average per capita income is \$25,881 and approximately 13.4% of individuals are below the federal poverty level. The nearest like hospital in the area is approximately 72 miles from Avera Queen of Peace. |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 5         | <p>Avera Queen of Peace is a verified Level II trauma center and operates an emergency department staffed 24 hours per day with board certified physicians. Emergency care is provided on an open door basis regardless of ability to pay. Avera Queen of Peace leases two critical access hospitals which provide a broad range of inpatient, outpatient services and 24 hour emergency rooms in two very rural communities. Avera Queen of Peace owns three rural health clinics which provide primary care services in three rural communities. Similar to the hospitals in the Avera Queen of Peace region, the clinics are operated on an open door basis and care is provided regardless of ability to pay. Medical staff privileges are extended to all licensed and qualified applicants. The Avera Queen of Peace Board of Directors is principally comprised of community members from the primary and secondary services areas. Members come from a variety of backgrounds including banking, education, agriculture, healthcare and private industry.</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part VI, Line 6         | <p>A vera is a sponsored ministry of the Benedictine and Presentation Sisters. The communities in which A vera operates all have unique health and community benefit needs. In keeping with the Catholic Healthcare Association guidelines, each hospital strives to meet its community's identified needs. The corporate staff of A vera Health advocates for all members regarding community benefit related matters of state, regional and national importance.</p> |

**Schedule H (Form 990) 2015**

Additional Data

Software ID:  
Software Version:  
EIN: 46-0224604  
Name: Avera Queen of Peace Hospital

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
3

Name, address, primary website address, and state license number

|   |                                                                                                                               | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe)         | Facility reporting group |
|---|-------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|--------------------------|--------------------------|
| 1 | Avera Queen of Peace Hospital<br>525 North Foster Street<br>Mitchell, SD 57301<br>www.averaqueenofpeace.org<br>10552          | X                 | X                          |                     |                   |                          |                   | X           |          | 8 Provider Based Clinics |                          |
| 2 | Avera Wesskota Memorial Medical Center<br>609 1st Street NE<br>Wessington Springs, SD 57382<br>www.avera.org/weskota<br>48209 | X                 |                            |                     |                   | X                        |                   | X           |          |                          |                          |
| 3 | Avera De Smet Memorial Hospital<br>306 Prairie Avenue SW<br>De Smet, SD 57231<br>www.avera.org/de-smet<br>50726               | X                 |                            |                     |                   | X                        |                   | X           |          |                          |                          |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Queen of Peace Hospital | Part V, Section B, Line 5 The Administrative Fellow, in collaboration with local organizations and individuals, obtained primary data pertaining to the primary service area from 97 individual surveys, 14 key informant individuals, four focus groups, and 10 sector policy and procedure checklists Key informant and sector checklists were conducted with Davison County Health Department and Regional Health Department management as well as community members and organizations within the community representing a broad range of interests, including medically underserved, low income, and diverse populations The public health departments provide services to individuals living in poverty and vulnerable populations Of the persons seen at the regional health departments, 34% are of American Indian ethnicity, 17% alone for Davison County Invitations to participate in focus groups were sent to community organizations and advertisements were placed in various local newspapers throughout the region |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Weskota Memorial Medical Center | Part V , Section B, Line 5 Avera Weskota Memorial Hospital gathered both primary and secondary data for the assessment Primary data from three focus groups and written responses from individual surveys was collected and summarized by a Community Development Specialist from Planning & Development District II of Yankton, SD Individuals representing a wide range of interests participated in the focus groups held at the Wessington Springs Community Club, the Wessington Springs Area Senior Citizens Center, and the Jerauld County Court House Key community informants including the community health nurse were consulted and participated in committees that helped to prioritize the needs of the community |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

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| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera De Smet Memorial Hospital | Part V, Section B, Line 5 Avera De Smet Memorial Hospital partnered with the City of De Smet, De Smet Development Corporation, De Smet Chamber of Commerce, De Smet Event and Wellness Center and the School districts for De Smet, Iroquois, and Arlington to collect primary data from individual surveys and individual key informant interviews Data was then evaluated and prioritized by a steering committee |

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Avera Queen of Peace Hospital | <p>Part V, Section B, Line 11 BEHAVIORAL HEALTH In both the FY2013 and FY2016 CHNA report, behavioral health was identified a priority to the community Although great efforts have been made to address this issue, the region continues to be designated as a Mental Health Care Healthcare Professional Shortage Area (HPSA) Access to services, early intervention, education, and supports are critical to achieve improved long-term outcomes for individuals and communities The hospital has developed following goals and objectives outlining specific actions and strategies that will help to address this need Goal #1 Improve mental health and prevent crisis situations within our communities by increasing access to behavioral health services and supports Objective #1 Increase access to behavioral health services and supportsObjective #2 Reduce suicide attempts and death rate by increasing access to services and supports Goal #2 Improve recovery rates and reduce public health crisis related to alcohol and substance use disorders Objective #1 Increase access to substance abuse services and supports Goal #3 Improve behavioral health and substance use disorders screening, wellness, and awareness through education and self-management programs Objective #1 Increase screenings for behavioral health and substance use disorders Objective #2 Increase participation in self-management wellness educationObjective #3 Increase behavioral health and substance use disorder awarenessACCESS TO CAREIn both the FY2016 and FY2013 CHNA, access to primary and mental healthcare services was identified as a priority of the community Although great efforts have been made, much of the area is still designated a Primary Care Healthcare Professional Shortage Area and most of the area remains designated as a Medically Underserved Area/Population Increasing access to primary care, specialties, and care coordination teams contributes to improved health outcomes Access to services, early intervention, education, and supports are critical to achieve improved long-term outcome for individuals and communities Goal #1 Improve access to primary care and mental healthcare services Objective #1 Increase primary care services Objective #2 Increase awareness of services and supportsPREVENTION, WELLNESS, SCREENING, AND EDUCATIONIn both the FY2016 and FY2013 CHNA, continual education related to how physical and mental health issues impact overall health of an individual and learning to manage chronic disease conditions was identified to be a priority of the community As the focus on community and population health increases, it becomes more critical to invest resources and create partnerships related to prevention, wellness, screenings and education The hospital's education programs, participation in health fairs, and support group programs are intended to address community education and supports Personalized chronic disease management education and supports are also essential to improve the overall health of individuals and communities Partnerships and collaborations with health agencies, providers, and community organizations are essential to increase breadth and depth of prevention, wellness, screening, and education knowledge Goal #1 Build a culture of health through collaborative prevention, wellness, screening, and education Objective #1 Increase regional collaboration efforts with public health agencies, community health committees, health organizations, and other agencies focused on prevention and wellness events Objective #2 Increase regional collaboration with public health agencies, health committees, health organizations, and other agencies focused on screening Goal #2 Engage and empower individuals to actively manage their chronic disease through education and supports Objective #1 Increase effective education and support opportunities for individuals diagnosed with diabetes Objective #2 Increase effective education and support opportunities for individuals diagnosed with high blood pressure Objective #3 Expand Better Choices Better Health chronic disease management program through increased referrals and partnership development Items not being addressed Nutrition - We will defer to the local schools, grocers, Salvation Army, and other food pantries the concerns of the community regarding the following * Children being hungry during the school day* Fresh food expense* Expanding meals for the poor, soup kitchens* Salvation Army expansion of the food pantryPhysical Activity - We will defer to the City of Mitchell Parks and Recreation, local wellness centers, local and civic organizations the concerns of the community regarding the following * Cost to participate often to high* Free play and recess have been cut from the school day* Scholarships for children's activities * Lack of information on bike paths* Need for more indoor and outdoor winter activities Transportation - We will defer to Palace Transit, Avera Foundation, and local</p> |

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Queen of Peace Hospital | cab services the concerns of the community regarding the following * Affordable shuttle service to Sioux Falls* Transportation barriers* Need for subsidized transportation* Need for car poolsEducation - We will defer to the Mitchell Public School officials, Mitchell Chamber of Commerce, and local civic organizations the concerns of the community regarding the following * Parenting classes * Parents not valuing their children's education* Employee educational opportunities* Need for a liaison with schools to identify mental and physical health issues |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Weskota Memorial Medical Center | <p>Part V, Section B, Line 11 The Health Education Team consists of representatives from Avera Weskota Memorial Hospital, Horizon Health Care, Weskota Manor Avera, and the South Dakota Department of Health, Jerauld County Office of Child and Family Services The team's purpose is to provide health education to the community in the Wessington Springs area The Health Education Team coordinates community education programs and health screenings at several events throughout the year The three needs that will be addressed are 1 Prevention/Wellness Care2 Community Education Regarding Mental Health Issues - Alcohol, Drug Use and Depression3 Perceived Lack of Healthcare ServicesPrevention/Wellness Care Goal # 1 - Provide and promote prevention and wellness education and screening opportunities to community members locally Objective #1 - Provide and promote improvements in long term health as a result of physical activity by increasing access, education and event opportunities locally Objective #2 - Provide and promote improvements in long term health as a result of good nutrition through prevention and wellness education and awareness opportunities locally Objective #3 - Provide and promote overall health prevention and wellness education and awareness opportunities locally Community Education Regarding Mental Health Issues- Alcohol, Drug Use, and DepressionGoal #1 - Provide and promote community education and individual services to increase awareness and understanding of behavioral health and substance use disorders Objective # 1 - Provide and promote opportunities that increase education and awareness of depression Objective #2 - Provide and promote screening and treatment options locally Perceived Lack of Healthcare ServicesGoal #1 - Improve the perceived lack of healthcare services through communication, education, and community events Objective #1 - Increase utilization of local health care services through awareness, education, and communication Objective #2 - Increase awareness of services through communication and community events CHNA Needs Not Addressed Though Avera Weskota Memorial Hospital is a leader in identifying the needs of the community, some needs fall outside the span of control of the hospital Unmet needs identified by the 2016 Community Health Needs Assessment will be addressed by recommended community organizations These unmet needs include</p> <ul style="list-style-type: none"><li>* Assisted Living Assisted living was identified as a need in the community for the 2013 and 2016 CHNA In 2013, this issue was referred to Weskota Manor Avera Developing assisted living is in the nursing home's long range strategic plan, but it is not financially feasible at this time The health care community, hospital advisory board, and nursing home governing board will be educated regarding this plan Avera Weskota Memorial Hospital will refer the identified need to Weskota Manor Avera for consideration in their long range strategic planning In-home services are available to assist tenants in the independent living apartments Services include skilled home health and hospice services, hot meal programs, bus transit services and homemaker programs</li><li>* Recruitment of Healthcare Workers Recruitment of healthcare staff was also identified as a concern Low unemployment rate as well as a shortage of healthcare and home maker program applicants is a problem across the state The facility will continue to apply creative ideas to recruitment and will not pursue this as a community health needs priority Avera Weskota Memorial Hospital and the other healthcare facilities will continue to work with this issue The hospital is using the South Dakota Retention Bonus as an incentive to recruit and retain professional staff, in addition to loan forgiveness and bonuses This incentive has helped recruit and retain some, but not all, staff Avera Weskota is participating in a Margaret A Cargill Foundation Grant with Dakota Wesleyan University to educate and prepare Certified Nursing Assistants (CNA) and nurses in rural communities In addition, the hospital will participate with University of South Dakota and United States Department of Agriculture (USDA) project, a project whereby student education is delivered via telemedicine to rural students at the facility</li></ul> |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera De Smet Memorial Hospital | Part V, Section B, Line 11 The five priorities are more medical doctors locally, affordable housing, high cancer rates, need for mental health, and senior transport and activities Avera De Smet Memorial Hospital leadership three year implementation plans will focus on the following prioritized needs * More Medical Doctors locally (Access to Care)* High Cancer Rates (Wellness and Prevention Education and Screening)* Mental Health (Behavioral Health)Access to Care Goal #1 - Provide the residents of Kingsbury County better access to care locally Objective #1 - Recruit more local medical doctors to our area Objective # 2 - Recruit more medical doctors to our area for outreach services Objective #3 - Recruit more providers to be credentialed to provide eCare Telemedicine services in our area Objective #4 - Improve home health services in our service area Wellness, Prevention Education, and ScreeningGoal #1 - Provide and promote prevention and wellness education and screening opportunities to community members locally Objective #1 - Provide and promote cancer prevention and wellness education and screening opportunities locally Objective #2 - Provide and promote chronic disease management prevention and wellness education locally Objective #3 - Promote overall health education and awareness by supporting and participating in community events Behavioral Health Goal # 1 - Address the need for mental health services through satellite clinics or telemedicine Objective #1 - Provide mental health screenings with primary care providers Objective #2 - Increase the number of options and supports for patients seeking behavioral health services Objective #3 - Increase community awareness and education of local services provided to community members The following unmet needs that will not be addressed include affordable housing, senior transportation, and activities These needs will be addressed by other organizations withing the community |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference       | Explanation                                                                                                                                                                                                                                                                                          |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Queen of Peace Hospital | Part V , Section B, Line 13h Presumptive charity care may be applied in situations where all other avenues of financial assistance have been exhausted The facility has the discretion to weigh extenuating circumstances when determining eligibility for and the amount of charity care to provide |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference               | Explanation                                                                                                                                                                                                                                                                                          |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Weskota Memorial Medical Center | Part V , Section B, Line 13h Presumptive charity care may be applied in situations where all other avenues of financial assistance have been exhausted The facility has the discretion to weigh extenuating circumstances when determining eligibility for and the amount of charity care to provide |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                                          |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera De Smet Memorial Hospital | Part V , Section B, Line 13h Presumptive charity care may be applied in situations where all other avenues of financial assistance have been exhausted The facility has the discretion to weigh extenuating circumstances when determining eligibility for and the amount of charity care to provide |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference       | Explanation                                                                                                                                                                                                                                                                                                             |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Queen of Peace Hospital | Part V , Section B, Line 16i A summary of the financial assistance policy is posted in the hospital facility's emergency rooms, waiting rooms, and admissions office and included in the billing statement<br>In addition, the financial assistance policy is discussed with the patient upon admission to the facility |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference               | Explanation                                                                                                                                                                                                                                                                                                             |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Weskota Memorial Medical Center | Part V , Section B, Line 16i A summary of the financial assistance policy is posted in the hospital facility's emergency rooms, waiting rooms, and admissions office and included in the billing statement<br>In addition, the financial assistance policy is discussed with the patient upon admission to the facility |

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| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                                                             |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Form and Line Reference       | Explanation                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Queen of Peace Hospital | Part V , Section B, Line 20e If a patient is self-pay and has a large balance, an Avera patient advocate will help them apply for other forms of assistance If they are not eligible for any other coverage, the patient is given a financial assistance application to complete and return to the facility |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference               | Explanation                                                                                                                                                                                                                                                                                                 |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Weskota Memorial Medical Center | Part V , Section B, Line 20e If a patient is self-pay and has a large balance, an Avera patient advocate will help them apply for other forms of assistance If they are not eligible for any other coverage, the patient is given a financial assistance application to complete and return to the facility |

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| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                                                 |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera De Smet Memorial Hospital | Part V , Section B, Line 20e If a patient is self-pay and has a large balance, an Avera patient advocate will help them apply for other forms of assistance If they are not eligible for any other coverage, the patient is given a financial assistance application to complete and return to the facility |

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| Form and Line Reference       | Explanation                                                                                                                                                                                                                                                                        |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Queen of Peace Hospital | Part V, Section B, Line 22d The hospital facility calculated the amount generally billed under the look-back method using the lowest inpatient and outpatient combined Medicare and commercial payment rate This rate will be reviewed and updated on an annual basis each October |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference               | Explanation                                                                                                                                                                                                                                                                        |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Weskota Memorial Medical Center | Part V, Section B, Line 22d The hospital facility calculated the amount generally billed under the look-back method using the lowest inpatient and outpatient combined Medicare and commercial payment rate This rate will be reviewed and updated on an annual basis each October |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference         | Explanation                                                                                                                                                                                                                                                                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera De Smet Memorial Hospital | Part V , Section B, Line 22d The hospital facility calculated the amount generally billed under the look-back method using the lowest inpatient and outpatient combined Medicare and commercial payment rate This rate will be reviewed and updated on an annual basis each October |

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| Form and Line Reference       | Explanation                                                                                                                                                                                                    |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera Queen of Peace Hospital | Part V, Section B, Line 24 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 |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference               | Explanation                                                                                                                                                                                                    |
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| Avera Weskota Memorial Medical Center | Part V, Section B, Line 24 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 |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference         | Explanation                                                                                                                                                                                                    |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Avera De Smet Memorial Hospital | Part V, Section B, Line 24 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 |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference     | Explanation                                                                                                                                                                                                                                                                                                                 |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part V, Section B, Line 10a | The most recently adopted implementation strategy for each of the facilities has been posted to the following website <a href="http://www.avera.org/app/files/public/67531/2016-chna-implementationplan-queen-of-peace.pdf">http //www avera org/app/files/public/67531/2016-chna-implementationplan-queen-of-peace pdf</a> |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.****Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Line 11, Avera Queen of Peace Hospital | <p>Objective #2 Increase effective education and support opportunities for individuals diagnosed with high blood pressure Specific Actions and Strategies * Provide nutrition education to individuals diagnosed with high blood pressure * Increase attendance and expand monthly blood pressure clinics * Provide relevant health education materials to attendees of blood pressure clinics * Increase referral to Better Choices Better Health chronic disease management programs* Conduct feasibility studies on additional options for heart screenings such as Planet Heart and Calcium Screening* Increase targeted outreach for heart health education and support counties with high incidence rates such Hutchinson, Aurora, Brule and Davison Counties</p> <p>Objective #3 Expand Better Choices Better Health chronic disease management program through increased referrals and partnership development Specific Actions and Strategies * Designate staff to be trained as lay leaders* Participate in Better Choices Better Health Advisory Council * Increase referrals from primary care providers and coordinated care teams* Develop partnerships with Retired and Senior Volunteer Program (RSVP) trained lay leaders to increase number of workshops held per year* Develop working relationships with lay leaders regionally to expand program * Develop tactics to expand program to Native Americans* Provide meeting space as needed for program* Support existing Parkinson's, diabetes, gluten-free, and cancer support groups by providing meeting space, educational topics, and speakers* Create a strategic plan to increase participation and potentially expand support groups * Monitor health outcomes and improvements and report to executive teams, community leaders, and providers Items not being addressed Nutrition - We will defer to the local schools, grocers, Salvation Army, and other food pantries the concerns of the community regarding the following * Children being hungry during the school day* Fresh food expense* Expanding meals for the poor, soup kitchens* Salvation Army expansion of the food pantryPhysical Activity - We will defer to the City of Mitchell Parks and Recreation, local wellness centers, local and civic organizations the concerns of the community regarding the following * Cost to participate often to high* Free play and recess have been cut from the school day* Scholarships for children's activities * Lack of information on bike paths* Need for more indoor and outdoor winter activitiesTransportation - We will defer to Palace Transit, Avera Foundation, and local cab services the concerns of the community regarding the following * Affordable shuttle service to Sioux Falls* Transportation barriers* Need for subsidized transportation* Need for car poolsEducation - We will defer to the Mitchell Public School officials, Mitchell Chamber of Commerce, and local civic organizations the concerns of the community regarding the following * Parenting classes * Parents not valuing their children's education* Employee educational opportunities* Need for a liaison with schools to identify mental and physical health issues</p> |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                    | Explanation                                                                                                                          |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Line 7b, Avera Queen of Peace Hospital | <a href="http://www.avera.org/about/community-health-needs-assessments/">www.avera.org/about/community-health-needs-assessments/</a> |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                               | Explanation                                                                                                                          |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Line 7b, Avera<br>Weskota Memorial Medical Center | <a href="http://www.avera.org/about/community-health-needs-assessments/">www.avera.org/about/community-health-needs-assessments/</a> |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                         | Explanation                                                                                                                          |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Line 7b, Avera<br>De Smet Memorial Hospital | <a href="http://www.avera.org/about/community-health-needs-assessments/">www.avera.org/about/community-health-needs-assessments/</a> |

# 2015

46-0224604

## Schedule I (Form 990) 2015

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

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

| Return Reference | Explanation                                                                                            |
|------------------|--------------------------------------------------------------------------------------------------------|
| Part I, Line 2   | The Organization only makes grants to other organizations which are tax-exempt under Section 501(c)(3) |

Additional Data

Software ID:  
Software Version:  
EIN: 46-0224604  
Name: Avera Queen of Peace Hospital

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

| (a) Name and address of organization or government                        | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Dakota Wesleyan University<br>1200 W University Ave<br>Mitchell, SD 57301 | 46-0224589 | 501(c)(3)                     | 250,000                  |                                   |                                                       |                                        | Donation                           |
| Mitchell Skating and Hockey Association<br>PO Box 5<br>Mitchell, SD 57301 | 46-0425100 | 501(c)(3)                     | 10,000                   |                                   |                                                       |                                        | Donation                           |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Avera Queen of Peace Hospital

Employer identification number  
46-0224604

Part I Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes            | No             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</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> |                |                |
| b 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 of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1b             |                |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2              |                |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><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><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>                                                                                                     |                |                |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div><br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                                                                                                                            | 4a<br>4b<br>4c | No<br>No<br>No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><div><div>a The organization?</div><div>b Any related organization?</div></div><br>If "Yes," on line 5a or 5b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a<br>5b       | No<br>No       |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><div><div>a The organization?</div><div>b Any related organization?</div></div><br>If "Yes," on line 6a or 6b, describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6a<br>6b       | No<br>No       |
| 7 For persons listed on 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7              | No             |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8              | No             |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9              |                |

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

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

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

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

**Part III**   **Supplemental Information**

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

| Return Reference          | Explanation                                                                                                                                                                                                                                     |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I Line 3 | The President/CEO's compensation is paid by a related organization, Avera Health. Avera Queen of Peace relied on the related organization for determining the compensation for the President/CEO using the methods described in Part I, Line 3. |

Additional Data

Software ID:  
Software Version:  
EIN: 46-0224604  
Name: Avera Queen of Peace Hospital

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

| (A) Name and Title                                             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                                |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1Patricia Malters MD<br>Board Member (thru Sept 2015)          | (i)  | 179,639                                            | 11,000                              | 3,848                               | 15,251                                         | 5,345                   | 215,083                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 1Hillary Rockwell MDBoard Member/Physician (effect Jan 2016)   | (i)  | 368,201                                            | 14,610                              | 36,373                              | 18,260                                         | 24,382                  | 461,826                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 2Jennifer Tegethoff MDBoard Member/Physician (effect Feb 2016) | (i)  | 314,658                                            | 21,726                              | 943                                 | 20,600                                         | 24,606                  | 382,533                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 3Thomas Clark<br>President & CEO                               | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                | (ii) | 346,830                                            | 0                                   | 90,083                              | 18,872                                         | -<br>23,625             | -<br>479,410                    | 0                                                                     |
| 4William E Flett<br>Sec/Treas & VP of Finance                  | (i)  | 173,843                                            | 0                                   | 563                                 | 14,593                                         | 24,390                  | 213,389                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 5Bran Kampmann MD<br>Orthopedics, Sports Medicine              | (i)  | 758,950                                            | 144,500                             | 2,438                               | 20,600                                         | 25,028                  | 951,516                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 6Anwarul Haq MD<br>Hematology and Oncology                     | (i)  | 560,097                                            | 65,000                              | 75,824                              | 20,600                                         | 2,502                   | 724,023                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 7Chns Krouse DO<br>Orthopedics, Sports Medicine                | (i)  | 987,105                                            | 24,000                              | 3,463                               | 20,600                                         | 23,250                  | 1,058,418                       | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 8Dileep Bhat MDUrology                                         | (i)  | 449,584                                            | 40,000                              | 36,100                              | 20,600                                         | 17,508                  | 563,792                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 9Scott VanKeulen MD<br>General Surgery                         | (i)  | 428,777                                            | 15,000                              | 43,404                              | 20,600                                         | 23,382                  | 531,163                         | 0                                                                     |
|                                                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |

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, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Avera Queen of Peace Hospital

Employer identification number  
46-0224604

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total ▶ \$ _____              |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) David Malters MD          | Family member of board member                                   | 89,710                    | Compensation                   |                                         | No |
| (2) Andrea Malters            | Family member of board member                                   | 42,272                    | Compensation                   |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
Avera Queen of Peace Hospital**Employer identification number**

46-0224604

**Return Reference****Explanation**

Form 990, Part III, line 3

The organization ceased the operation of the Wellness Center

| Return Reference                     | Explanation                                                           |
|--------------------------------------|-----------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 2 | Sister Kathleen Crowley has a business relationship with Thomas Clark |

| Return Reference                        | Explanation                                                                                                                                                                                                                 |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>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 |

| Return Reference                         | Explanation                                                                                                                     |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A,<br>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 |

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI,<br>Section A,<br>line 7b | <p>Avera Health has the following rights as the Member</p> <ol style="list-style-type: none"> <li>1) To approve the adoption, amendment or repeal of the statements of philosophy, mission and values of Corporation,</li> <li>2) To initiate the adoption, amendment or repeal of any provision of the Articles of Incorporation or Bylaws of Corporation, and to give final approval of any such action with respect thereto,</li> <li>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,</li> <li>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,</li> <li>5) To approve the creation of new sponsored works or ministries to be conducted by or under the authority of the Corporation,</li> <li>6) To appoint and remove, with or without cause, the Board of Directors of the Corporation</li> <li>7) To appoint and/or remove, with or without cause, the President and Chief Executive Officer of the Corporation</li> <li>8) To approve operating/capital budgets and strategic plans of the Corporation</li> <li>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</li> <li>10) To approve acquisitions, sales and leases, according to policy which may be adopted from time to time by the Member</li> <li>11) To establish and maintain employee benefit programs</li> <li>12) To establish and maintain insurance programs</li> <li>13) To approve major community fund drives</li> <li>14) To approve the appointment of auditors</li> <li>15) To adopt policies designed to effectuate the reserved powers of the Member</li> </ol> |

| Return Reference                      | Explanation                                                                                                  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 8b | Avera Queen of Peace Hospital does not have committees with authority to act on behalf of the governing body |

| Return Reference                      | Explanation                                                                                                                     |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section B, line 11 | The return is reviewed initially by the CFO. The return is made available to the Board of Directors for review prior to filing. |

| Return<br>Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section B, line 12c | <p>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.</p> |

| Return<br>Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section B, line 15b | <p>The CEO is 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 VP of Finance is determined by Human Resources based on a market analysis of comparable positions. The compensation is approved by the CEO.</p> |

| Return Reference                      | Explanation                                                                                                                                                                                                                                                  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section C, line 19 | The Organization's governing documents and conflict of interest policy are not available to the general public. The Organization's financial statements are attached to the Form 990 per IRS instructions and therefore are available to the general public. |

| Return<br>Reference         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IX, line 11g | Recruitment Program service expenses 129,196 Management and general expenses 73,629 Fundraising expenses 0 Total expenses 202,825 Repairs and Maintenance Program service expenses 1,363,916 Management and general expenses 56,124 Fundraising expenses 0 Total expenses 1,420,040 Purchased Services Program service expenses 3,581,620 Management and general expenses 596,317 Fundraising expenses 0 Total expenses 4,177,937 ACS Fees Program service expenses 1,092,612 Management and general expenses 6,930,028 Fundraising expenses 0 Total expenses 8,022,640 |

| Return Reference          | Explanation                                                                        |
|---------------------------|------------------------------------------------------------------------------------|
| Form 990, Part XI, line 9 | Change in Fair Value of Interest Rate Swap -353,535    Equity Transfers -3,511,300 |

| Return Reference               | Explanation                                                                                                                                                                                  |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part XII,<br>Line 2c | The Audit Committee of Avera Health, parent organization, selects the auditor and reviews the consolidated audited financial statements of Avera Health, which includes Avera Queen of Peace |

| Return<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Section B, Line<br>16b | There is no written policy or procedure since 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. |

| Return<br>Reference          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part<br>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. Luke's, Avera Queen of Peace, Avera Marshall, Avera St. Mary's, and Avera Sacred Heart. In accordance with IRS instructions, information related to the tax exempt bond reporting is being reported on Avera Health's tax return (EIN 46-0422673). |

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Avera Queen of Peace Hospital

Employer identification number  
46-0224604

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                        | (b)<br>Primary activity                    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) Integrated Therapy Services LLC<br>525 N Foster St<br>Mitchell, SD 57301<br>32-0450803 | Physical, Occupational, and Speech Therapy | SD                                               | 1,014,197           | 1,041,044                 | Avera Queen of Peace             |
|                                                                                            |                                            |                                                  |                     |                           |                                  |
|                                                                                            |                                            |                                                  |                     |                           |                                  |
|                                                                                            |                                            |                                                  |                     |                           |                                  |
|                                                                                            |                                            |                                                  |                     |                           |                                  |
|                                                                                            |                                            |                                                  |                     |                           |                                  |

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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization                                                                  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                           |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                    | No |
| (1)Accounts Management Inc<br><br>5132 S Cliff Ave Suite 101<br>Sioux Falls, SD 57108<br>46-0373021                       | collection agency       | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                        | No |
| (2)<br>Avera Property Insurance Inc<br><br>610 W 23rd St Ste 1 PO Box<br>38<br>Yankton, SD 57078<br>46-0463155            | insurance               | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                        | No |
| Dr Donald & Marguente<br>(3)Mabee Trust<br><br>c/o First National Bank of<br>South Da<br>Mitchell, SD 57301<br>46-6056202 | investing               | SD                                                        | Avera Queen of<br>Peace Hospital    | T                                                         | -11,985                         | 785,495                                   | 100 000 %                      | Yes                                                    |    |
| (4)Valley Health Services<br><br>501 Summit Street<br>Yankton, SD 57078<br>46-0357149                                     | rental real estate      | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                        | No |
| (5)Alucent Medical Inc<br><br>1325 S Cliff Avenue PO Box<br>5045<br>Sioux Falls, SD 571175045<br>47-1818349               | biotech research        | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                        | No |
| (6)<br>South Dakota State Medical<br>Holding Inc<br><br>2600 W 49th Street<br>Sioux Falls, SD 57105<br>46-0401087         | insurance               | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                        | No |
| (7)<br>DakotaCare Administrative<br>Services Inc<br><br>2600 W 49th Street<br>Sioux Falls, SD 57105<br>46-0424322         | insurance               | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                        | No |

Part V

Transactions With Related Organizations

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

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

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, or(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

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

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

Schedule R (Form 990) 2015

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**

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

| Return Reference     | Explanation                                                                                                                                                                                                                         |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule R, Part II  | Effective October 1, 2015, Avera Health Plans Inc obtained tax exempt status under IRC 501(c)(4) Avera Health Plans Inc was previously taxed as a C-corporation Effective March 1, 2016, Avera Tyler was acquired by Avera Health   |
| Schedule R, Part III | Avera Home Medical Equipment of Estherville, LLC dissolved effective October 1, 2015 Avera Home Medical Equipment of Marshall, LLC dissolved effective January 1, 2016 Operations of both entities were transferred to Avera @ Home |

Additional Data

Software ID:

Software Version:

EIN: 46-0224604

Name: Avera Queen of Peace Hospital

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

| (a)<br>Name, address, and EIN of related organization                                                               | (b)<br>Primary activity                | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                                     |                                        |                                                  |                            |                                                     |                                  | Yes                                           | No |
| Avera Health<br>3900 West Avera Drive Suite 300<br>Sioux Falls, SD 57108<br>46-0422673                              | Promotion of Health                    | SD                                               | 501(c)(3)                  | Line 9                                              | N/A                              |                                               | No |
| Avera Gettysburg<br>606 East Garfield<br>Gettysburg, SD 57442<br>46-0234354                                         | Healthcare Services                    | SD                                               | 501(c)(3)                  | Line 3                                              | Avera St Mary's                  |                                               | No |
| Avera St Anthony's Hospital<br>300 N 2nd Street<br>ONeill, NE 68763<br>47-0463911                                   | Healthcare Education                   | NE                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| Avera Holy Family<br>826 North 8th Street<br>Estherville, IA 51334<br>42-0680370                                    | Healthcare Services                    | IA                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| Avera Holy Family Foundation<br>826 North 8th Street<br>Estherville, IA 51334<br>42-1317452                         | Fundraising                            | IA                                               | 501(c)(3)                  | Line 9                                              | Avera Holy Family                |                                               | No |
| Avera Marshall<br>300 S Bruce Street<br>Marshall, MN 56258<br>41-0919153                                            | Healthcare Services                    | MN                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| Avera Marshall Foundation<br>300 S Bruce Street<br>Marshall, MN 56258<br>41-1784801                                 | Fundraising                            | MN                                               | 501(c)(3)                  | Line 7                                              | Avera Marshall                   |                                               | No |
| St Benedict Health Center<br>401 West Glynn Drive<br>Parkston, SD 57366<br>46-0226738                               | Healthcare Services                    | SD                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| St Benedict Health Center Foundation<br>West Glynn Drive PO Box B<br>Parkston, SD 57366<br>46-0458725               | Support Health Related Services        | SD                                               | 501(c)(3)                  | Line 11a, I                                         | St Benedict Health Center        |                                               | No |
| Avera McKennan<br>1325 S Cliff Ave PO Box 5045<br>Sioux Falls, SD 57117<br>46-0224743                               | Healthcare Services                    | SD                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| Sacred Heart Health Services<br>501 Summit Street<br>Yankton, SD 57078<br>46-0225483                                | Healthcare Services                    | SD                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| Avera St Mary's<br>801 East Sioux Avenue<br>Pierre, SD 57501<br>46-0230199                                          | Healthcare Services                    | SD                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| Avera at Home<br>5116 S Solberg Ave<br>Sioux Falls, SD 57108<br>46-0399291                                          | Home Services                          | SD                                               | 501(c)(3)                  | Line 9                                              | Avera Health                     |                                               | No |
| Lewis and Clark Health Education and Service Agency<br>1000 W 4th Street Suite 9<br>Yankton, SD 57078<br>46-0337013 | Healthcare Education                   | SD                                               | 501(c)(3)                  | Line 9                                              | Sacred Heart Health Services     |                                               | No |
| Avera St Luke's<br>305 South State Street<br>Aberdeen, SD 57401<br>46-0224598                                       | Healthcare Services                    | SD                                               | 501(c)(3)                  | Line 3                                              | Avera Health                     |                                               | No |
| Avera Tyler<br>240 Willow Street<br>Tyler, MN 56178<br>41-0853163                                                   | Healthcare Services                    | MN                                               | 501(c)(3)                  | Line 3                                              | Avera Marshall                   |                                               | No |
| Avera Health Plans Inc<br>3900 West Avera Drive Suite 101<br>Sioux Falls, SD 57108<br>46-0451539                    | Health Financing and Health Plan Admin | SD                                               | 501(c)(4)                  |                                                     | Avera Health                     |                                               | No |



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a)<br>Name, address, and EIN of<br>related organization                                                          | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                   |                         |                                                           |                                     |                                                           |                                 |                                           |                                | Yes                                                   | No |
| (1) Accounts Management Inc<br>5132 S Cliff Ave Suite 101<br>Sioux Falls, SD 57108<br>46-0373021                  | collection<br>agency    | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                       | No |
| (1) Avera Property Insurance Inc<br>610 W 23rd St Ste 1 PO Box 38<br>Yankton, SD 57078<br>46-0463155              | insurance               | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                       | No |
| (2) Dr Donald & Marguerite Mabee Trust<br>c/o First National Bank of South Da<br>Mitchell, SD 57301<br>46-6056202 | investing               | SD                                                        | Avera Queen of<br>Peace Hospital    | T                                                         | -11,985                         | 785,495                                   | 100 000 %                      | Yes                                                   |    |
| (3) Valley Health Services<br>501 Summit Street<br>Yankton, SD 57078<br>46-0357149                                | rental real<br>estate   | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                       | No |
| (4) Alucent Medical Inc<br>1325 S Cliff Avenue PO Box 5045<br>Sioux Falls, SD 571175045<br>47-1818349             | biotech<br>research     | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                       | No |
| (5) South Dakota State Medical Holding Inc<br>2600 W 49th Street<br>Sioux Falls, SD 57105<br>46-0401087           | insurance               | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                       | No |
| (6)<br>DakotaCare Administrative Services Inc<br>2600 W 49th Street<br>Sioux Falls, SD 57105<br>46-0424322        | insurance               | SD                                                        | N/A                                 | C                                                         |                                 |                                           |                                |                                                       | No |