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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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 MCKENNAN

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
800 EAST 21ST STREET PO BOX 5045

City or town, state or province, country, and ZIP or foreign postal code
SIOUX FALLS, SD 571175045

D Employer identification number
46-0224743

E Telephone number
(605) 322-8000

G Gross receipts $ 976,015,031

F Name and address of principal officer
DR DAVID KAPASKA
800 EAST 21ST STREET PO BOX 5045
SIOUX FALLS,SD 571175045

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

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 AVERAMCKENNAN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1911

M State of legal domicile SD

Part I Summary

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)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	7,913
6	Total number of volunteers (estimate if necessary)	**6**	1,177
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	17,582,284
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,173,400

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,545,163	5,933,754
9	Program service revenue (Part VIII, line 2g)	852,342,087	911,860,224
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,674,490	3,301,125
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,212,514	1,606,146
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	866,774,254	922,701,249
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	680,707	636,606
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	415,494,562	446,210,437
16a	Professional fundraising fees (Part IX, column (A), line 11e)	57,200	17,835
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,274,867		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	404,523,245	454,016,043
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	820,755,714	900,880,921
19	Revenue less expenses Subtract line 18 from line 12	46,018,540	21,820,328

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	923,254,007	885,040,456
21	Total liabilities (Part X, line 26)	346,082,735	333,331,066
22	Net assets or fund balances Subtract line 21 from line 20	577,171,272	551,709,390

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

****** 2017-05-11
Signature of officer Date

JULIE NORTON SEC/TREAS & SR VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIM HUNWARDSEN CPA	KIM HUNWARDSEN CPA	2017-05-11		P00484560

Firm's name ▶ EIDE BAILLY LLP — Firm's EIN ▶ 45-0250958

Firm's address ▶ 800 NICOLLET MALL STE 1300
MINNEAPOLIS, MN 554027033 — Phone no (612) 253-6500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AVERA MCKENNAN, AS PART OF 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 $ 508,784,858 including grants of $ 613,282) (Revenue $ 681,225,855)

AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTERAVERA MCKENNAN PROMOTES THE HEALTH OF THE COMMUNITY BY PROVIDING A VARIETY OF CHARITABLE HEALTH CARE SERVICES AVERA MCKENNAN OPERATES UNDER THE TENETS OF THE ROMAN CATHOLIC CHURCH AND IN ACCORDANCE WITH THE PHILOSOPHY AND VALUES ESTABLISHED FOR AVERA HEALTH, A SPONSORED MINISTRY OF THE BENEDICTINE AND PRESENTATION SISTERS MAJOR SERVICE LINES INCLUDE ONCOLOGY, SURGERY, OBSTETRICS, PEDIATRICS, NEONATOLOGY, EMERGENCY AND TRAUMA, CRITICAL CARE INCLUDING EICU, RADIOLOGY AND DIAGNOSTIC IMAGING, PSYCHIATRY, PULMONARY, ORTHOPEDICS, NEUROLOGY, CARDIOLOGY AND GASTROENTEROLOGY TRANSPLANT SERVICES INCLUDE SOLID ORGAN (KIDNEY AND PANCREAS) AND BONE MARROW TRANSPLANT THE FOLLOWING ARE SPECIFIC EXEMPT PURPOSE ACHIEVEMENTS FOR AVERA MCKENNAN HOSPITAL CHARITY AND UNCOMPENSATED CARE AVERA MCKENNAN PROVIDES NECESSARY MEDICAL SERVICES (DIAGNOSTIC AND TREATMENT) FOR WHOMEVER COMES TO US FOR CARE, REGARDLESS OF THEIR ABILITY TO PAY IN FISCAL YEAR 2016, SERVICES PROVIDED TO THOSE WHO ARE UNABLE TO PAY TOTALED $42,694,000 ELIGIBILITY FOR DISCOUNTED OR FREE SERVICES UNDER THE CHARITY CARE POLICY IS BASED ON INCOME LEVELS GENERALLY, INDIVIDUALS EARNING INCOME OF UP TO 400% OF THE FEDERAL POLICY INCOME GUIDELINES ARE ELIGIBLE FOR VARYING LEVELS OF DISCOUNTS, INCLUDING FULL DISCOUNTS FOR CERTAIN INCOME LEVELS APPLICATION FOR COVERAGE UNDER THE PROGRAM MAY BE OBTAINED AT ANY AVERA MCKENNAN PATIENT REGISTRATION AREA OR BY CALLING AVERA MCKENNAN PATIENT FINANCIAL SERVICES AVERA MCKENNAN HELPS PATIENTS APPLY FOR ANY APPLICABLE GOVERNMENT INSURANCE PROGRAMS, AND OFFERS HEALTH CARE SERVICES ON A DISCOUNTED OR CHARITABLE BASIS TO THOSE WHO ARE UNINSURED OR UNDERINSURED CHARITY CARE IS NOT CAPPED BY A BUDGET FIGURE UNREIMBURSED EXPENSES ARE COVERED BY THE ORGANIZATION AS NEEDED, NOT UNTIL A BUDGET FIGURE IS MET IN ADDITION TO CHARITY CARE, IN THE PAST FISCAL YEAR AVERA MCKENNAN PROVIDED $292,402 IN LODGING, TRANSPORTATION AND PRESCRIPTIONS TO THOSE IN NEED ACCESSIBILITY TO HEALTH CARE AVERA MCKENNAN MAKES MEDICAL CARE ACCESSIBLE TO THE ENTIRE COMMUNITY IT SERVES IN 2016 AVERA MCKENNAN HAD 21,431 HOSPITAL DISCHARGES, 119,693 PATIENT DAYS AND 286,897 OUTPATIENT VISITS AVERA MCKENNAN IS A VERIFIED LEVEL II TRAUMA CENTER AND WAS THE FIRST SUCH CENTER IN THE STATE OF SOUTH DAKOTA AVERA MCKENNAN'S EMERGENCY DEPARTMENT IS STAFFED 24 HOURS A DAY WITH BOARD-CERTIFIED EMERGENCY SPECIALISTS AND PROVIDES EMERGENCY CARE REGARDLESS OF ABILITY TO PAY AVERA MCKENNAN HAD 29,650 EMERGENCY DEPARTMENT VISITS IN FY 2016 OPERATING BOTH FIXED WING AND HELICOPTER MEDICAL AIR TRANSPORTS, AVERA MCKENNAN'S FLIGHT TEAMS COVER A LARGE GEOGRAPHIC AREA PROVIDING STATE-OF-THE-ART AIR TRANSPORT SERVICES AND ACCESS TO CRITICAL CARE, WITH 1,598 FLIGHTS IN THE PAST YEAR HEALTH CARE CLINIC IN 1992, AVERA MCKENNAN ESTABLISHED A HEALTH CARE CLINIC TO PROVIDE FREE CARE FOR PEOPLE WHO ARE UNINSURED OR UNDERINSURED IN THE COMMUNITY THE CLINIC IS MANAGED BY A REGISTERED NURSE AND STAFFED BY REGISTERED NURSES, TWO MIDLEVEL PROVIDERS, MEDICAL RESIDENTS AND VOLUNTEER HEALTH CARE PROVIDERS THE GOAL OF THE CLINIC IS TO PREVENT OR TREAT PATIENTS' MEDICAL CONDITIONS BEFORE THEY BECOME CATASTROPHIC THE CLINIC AVERAGES 450 VISITS PER MONTH, PROVIDING PREVENTATIVE CARE, DIAGNOSIS AND TREATMENT OF ILLNESSES AND INJURIES, MEDICATION ASSISTANCE AND ASSISTANCE IN OBTAINING SPECIALIST CARE FOR PATIENTS WITH COMPLEX CASES THE CLINIC ALSO SERVES TO TRAIN PHYSICIANS, NURSES AND OTHER HEALTH CARE STUDENTS IT PROVIDES A FREE EVENING CLINIC ONE EVENING PER MONTH, STAFFED BY MEDICAL STUDENTS UNDER SUPERVISION OF PHYSICIANS AVERA MCKENNAN IS THE ONLY HEALTH CARE ORGANIZATION TO PROVIDE FREE SERVICES SUCH AS THIS IN THE STATE OF SOUTH DAKOTA THE CLINIC HAD 5,400 VISITS IN 2016, AND WAS OPERATED AT AN ANNUAL COST OF $719,110 PARTNERSHIP IN LIVE WELL SIOUX FALLS THE CITY OF SIOUX FALLS RECEIVED A COMMUNITY HEALTH TRANSFORMATION GRANT FROM THE SOUTH DAKOTA DEPARTMENT OF HEALTH, SPARKING A PROJECT TO IMPROVE THE HEALTH AND WELL-BEING OF THE CITIZENS OF SIOUX FALLS GUIDED BY THE CITY OF SIOUX FALLS HEALTH DEPARTMENT, THIS ONGOING PROJECT IS KNOWN AS LIVE WELL SIOUX FALLS IT INVOLVES MORE THAN 24 COMMUNITY PARTNER ORGANIZATIONS AMONG THESE PARTNERS ARE AVERA MCKENNAN AND THE OTHER MAJOR HEALTH CARE SYSTEM IN SIOUX FALLS, SANFORD HEALTH AVERA PLANS TO WORK IN PARTNERSHIP WITH THE CITY OF SIOUX FALLS AND SANFORD HEALTH TO ADDRESS THE PRIORITIES OF LIVE WELL SIOUX FALLS, AND ARRIVE AT SOLUTIONS WHICH ARE COLLABORATIVE IN NATURE AVERA MCKENNAN COLLABORATES WITH LIVE WELL SIOUX FALLS TO PROMOTE THE BIG SQUEEZE, A HYPERTENSION INITIATIVE IN APRIL TO PROMOTE BLOOD PRESSURE SCREENING AND EDUCATION, WITH THE GOAL OF DIAGNOSING HIGH BLOOD PRESSURE ONE IN THREE AMERICAN ADULTS HAVE HIGH BLOOD PRESSURE, BUT ONLY HALF OF THEM HAVE IT UNDER CONTROL, ADDING TO THE RISK OF STROKE, HEART ATTACK AND VASCULAR DISEASE RESIDENCY/HEALTH PROFESSIONS TRAINING AND INTERNSHIPS IN 2016, AVERA MCKENNAN HAD 91 MEDICAL SCHOOL RESIDENTS IN TRAINING AT AVERA MCKENNAN IN INTERNAL MEDICINE, FAMILY PRACTICE, PSYCHIATRY, GERIATRICS AND TRANSITIONAL RESIDENCY PROGRAMS OFFERED IN PARTNERSHIP WITH THE UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE OVER 1,000 STUDENTS IN MEDICINE, NURSING, PHARMACY, PHYSICIAN ASSISTANT PROGRAMS, MEDICAL ASSISTING, RADIOLOGY AND RESPIRATORY THERAPY ALSO COMPLETED CLINICAL ROTATIONS AT AVERA MCKENNAN IN NON-CLINICAL AREAS, AVERA MCKENNAN OFFERED 90 PAID AND UNPAID INTERNSHIPS IN 2016 IN THE AREAS OF RESEARCH, FINANCE, ADMINISTRATION, THERAPIES, EXERCISE SCIENCE, AND SOCIAL WORK AVERA MCKENNAN IS CURRENTLY AFFILIATED WITH APPROXIMATELY 136 INSTITUTIONS OF HIGHER EDUCATION PATIENT AND COMMUNITY EDUCATION AVERA MCKENNAN IS A REGIONAL LEADER IN OFFERING EDUCATIONAL PROGRAMS FOR A VARIETY OF LEARNERS, LEADERS AND EMPLOYEES UTILIZING ADVANCED TECHNOLOGY, MANY OF THESE PROGRAMS ARE PROVIDED ELECTRONICALLY THROUGHOUT THE TRI-STATE AREA EDUCATIONAL SESSIONS ARE OFFERED TO MEDICAL STAFF, EMPLOYEES, HEALTH CARE PROFESSIONALS, STUDENTS AT ALL LEVELS AND THE GENERAL PUBLIC UTILIZING AVERA MCKENNAN'S EDUCATION CENTER, A BROAD CROSS-SECTION OF CLASSES INVOLVING DIVERSE AUDIENCES ARE PROVIDED AS A COMMUNITY SERVICE EACH YEAR * ONLINE RESOURCES AVERA MCKENNAN OFFERS VAST FREE PATIENT EDUCATIONAL ONLINE RESOURCES ON ITS PUBLIC WEBSITE ON NUMEROUS HEALTH TOPICS, WITH SUGGESTIONS FOR LIFESTYLE CHANGE, BEHAVIOR MODIFICATION AND MANAGEMENT FOR IMPROVED HEALTH * TO BE WELL FREE EDUCATION EVENTS WERE HELD ON TOPICS INCLUDING ORTHOPEDICS, CANCER, DIABETES, WEIGHT LOSS/HEALTHY EATING, MULTIPLE SCLEROSIS, ANXIETY AND ACUPUNCTURE * FORUMS THE AVERA BEHAVIORAL HEALTH CENTER OFFERS FREE FRIDAY FORUMS, IN WHICH SCHOOL COUNSELORS AND THERAPISTS ARE INVITED TO PRESENTATIONS ON CHILDREN'S MENTAL HEALTH TOPICS SUCH AS CONFLICT CYCLES, REACTIVE ATTACHMENT DISORDER, DEPRESSION AND BIPOLAR DISORDER IN CHILDREN, AND TEEN SUBSTANCE USE, ABUSE AND ADDICTION * THE AVERA BEHAVIORAL HEALTH CENTER OFFERS FREE MONTHLY EDUCATIONAL SESSIONS ON VARIOUS TOPICS FOLLOWED BY DISCUSSION FOR ADULTS WHO HAVE BEEN IMPACTED BY A LOVED ONE'S MENTAL ILLNESS TOPICS HAVE INCLUDED GRIEF AND LOSS, ANXIETY, AND PARENTING STRATEGIES FOR MANAGING CHALLENGING BEHAVIORS * WOMEN'S & CHILDREN'S SERVICES AVERA MCKENNAN'S WOMEN'S & CHILDREN'S SERVICES OFFERS A NUMBER OF PARENTING AND COMMUNITY EDUCATION OPPORTUNITIES, FOR FREE OR AT A MINIMAL COST IN FISCAL YEAR 2016, 101 CHILDBIRTH EDUCATION CLASSES WERE HELD WITH 490 ATTENDEES A TOTAL OF 7 PARENT AND FAMILY EDUCATION CLASSES WERE HELD WITH 89 ATTENDEES A TOTAL OF 54 CAR SEATS WERE ISSUED THROUGH THE SOUTH DAKOTA CHILD SAFETY SEAT DISTRIBUTION PROGRAM FREE BURN EDUCATION WAS PROVIDED TO 2,198 STUDENTS DURING PRESENTATIONS IN SCHOOLS * DAYCARE TRAINING FREE OF CHARGE, AVERA MCKENNAN OFFERS FOUR IN-SERVICE TRAINING SESSIONS PER MONTH TO DAYCARE PROVIDERS THROUGH THE EMBE, WITH A TOTAL OF 36 SCHEDULED ANNUALLY, AND ADDITIONAL SESSIONS FOR REQUESTED TOPICS SUPPORT GROUPS AVERA MCKENNAN OFFERS APPROXIMATELY 10 FREE SUPPORT GROUPS THEY RANGE IN TOPICS FROM CANCER TO LIVER DISEASE, DIABETES, BONE MARROW TRANSPLANT, STROKE AND GRIEF AND LOSS THE ORGANIZATION PROVIDES FREE MEETING SPACE AS WELL AS SPEAKERS AND LEADERS

4b (Code) (Expenses $ 45,118,004 including grants of $ 9,298) (Revenue $ 57,434,166)

RURAL CRITICAL ACCESS HOSPITALSAVERA MCKENNAN OWNS OR LEASES RURAL CRITICAL ACCESS HOSPITALS IN FLANDREAU, GREGORY, DELL RAPIDS, MILBANK AND MILLER (HAND COUNTY), S D AS SUCH, THEY OPERATE AS A DEPARTMENT OF AVERA MCKENNAN THE HOSPITALS IN FLANDREAU, GREGORY AND HAND COUNTY SERVE MEDICALLY UNDERSERVED COUNTIES IN ADDITION TO THE EXEMPT PURPOSE ACHIEVEMENTS, THE RURAL HOSPITALS PARTICIPATE IN MANY OF THE ACTIVIES DESCRIBED IN PART III, LINE 4A AS PART OF AVERA MCKENNAN AMONG SERVICES OFFERED BY RURAL HOSPITALS ARE RADIOLOGY AND IMAGING, COLONOSCOPY AND ENDOSCOPY, THERAPY AND REHABILITATION, 24-HOUR EMERGENCY CARE, CHEMOTHERAPY, ORTHOPEDICS, CARDIOVASCULAR TESTING AND CARE, OBSTETRICS, SURGERY, AND DIALYSIS CHARITY AND UNCOMPENSATED CARE AS PART OF AVERA MCKENNAN, THESE FACILITIES PROVIDE NECESSARY MEDICAL SERVICES (DIAGNOSTIC AND TREATMENT) FOR WHOMEVER COMES TO US FOR CARE, REGARDLESS OF THEIR ABILITY TO PAY IN FISCAL YEAR 2016, CHARITY AND UNCOMPENSATED CARE PROVIDED BY RURAL HOSPITALS TOTALED $939,000 ACCESSIBILITY TO HEALTH CARE AVERA MCKENNAN REGIONAL HOSPITALS MAKE MEDICAL CARE ACCESSIBLE TO THE ENTIRE COMMUNITY THEY SERVE REGARDLESS OF A PATIENT'S ABILITY TO PAY IN 2016 RURAL HOSPITALS HAD 1,693 DISCHARGES, 7,536 PATIENT DAYS AND 64,310 OUTPATIENT VISITS EACH OF THE HOSPITALS PROVIDES 24-HOUR EMERGENCY CARE WITH EEMERGENCY SERVICES THROUGH AVERA MCKENNAN EICU SERVICES ARE ALSO AVAILABLE AT THESE HOSPITALS, PROVIDING ACCESS TO CRITICAL CARE MEDICINE NEAR HOME AND LESSENING THE NEED FOR TRANSPORT THERE IS NO ADDITIONAL BILLING TO PATIENTS TELEMEDICINE CONSULTS ARE ALSO OFFERED AT RURAL LOCATIONS IN A NUMBER OF MEDICAL SPECIALTIES

4c (Code) (Expenses $ 187,030,987 including grants of $ 14,026) (Revenue $ 145,470,503)

CLINICSAVERA MCKENNAN PROVIDES CLINICAL CARE, SECONDARY AND PRIMARY, IN 91 OWNED/JOINT VENTURE CLINICS IN SOUTH DAKOTA, NORTHWEST IOWA, SOUTHWEST MINNESOTA AND NORTHEASTERN NEBRASKA IN ADDITION TO THE FOLLOWING EXEMPT PURPOSE ACHIEVEMENTS, CLINICS PARTICIPATE IN MANY OF THE ABOVE AS PART OF AVERA MCKENNAN CLINIC VISITS IN 2016 TOTALED 1,055,965 CLINICS PROVIDE PRIMARY CARE AND URGENT CARE, AND AMONG SPECIALTIES ARE CARDIOLOGY, DERMATOLOGY, ENDOCRINOLOGY, GASTROENTEROLOGY, HEMATOLOGY, HEPATOLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, NEONATOLOGY, NEPHROLOGY, NEUROLOGY AND NEUROSURGERY, OB/GYN, ONCOLOGY, OPHTHALMOLOGY, ORTHOPEDICS, PAIN MANAGEMENT, PEDIATRICS, PSYCHIATRY, PULMONOLOGY, SPORTS MEDICINE, SURGERY, AND VASCULAR SERVICES CHARITY AND UNCOMPENSATED CARE AS PART OF AVERA MCKENNAN, CLINICS PROVIDE NECESSARY MEDICAL SERVICES (DIAGNOSTIC AND TREATMENT) FOR WHOEVER COMES TO US FOR CARE, REGARDLESS OF THEIR ABILITY TO PAY IN FISCAL YEAR 2016, CHARITY AND UNCOMPENSATED CARE PROVIDED BY CLINICS TOTALED $382,000 ACCESSIBILITY TO HEALTH CARE IN ADDITION TO REGULAR CLINIC HOURS, AVERA MCGREEVY CLINIC PROVIDES URGENT CARE, SEEING PATIENTS ON A WALK-IN BASIS AT TWO LOCATIONS DURING THE EVENING HOURS ON WEEKDAYS, AND THROUGHOUT THE DAYTIME HOURS ON SATURDAYS AND SUNDAYS IN ADDITION TO REGULAR CLINIC HOURS, CORE ORTHOPEDICS PROVIDES A WALK-IN ORTHOPEDIC INJURY CLINIC DURING THE EVENING HOURS ON WEEKDAYS AND DURING DAYTIME HOURS ON SATURDAYS THIS PROVIDES GREATER ACCESSIBILITY WITHOUT HAVING TO RELY ON EMERGENCY ROOM CARE IN ADDITION, THROUGH OUR CURAQUICK CLINIC, AVERA OFFERS CONVENIENT, AFFORDABLE CLINIC CARE IN A LOCAL HYVEE PHARMACY

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 9,762,222 including grants of $) (Revenue $ 12,305,846)

4e **Total program service expenses ▶** 750,696,071

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.** 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	Yes	
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)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	434		
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	7,913		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ 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.** 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? **Note.** 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	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	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b			No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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 ▶ JULIE NORTON 1325 S CLIFF AVE SIOUX FALLS, SD 571175045 (605) 322-8000

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								8,668,937	1,935,861	533,463

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 689

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AVERA HEALTH 3900 WEST AVERA DRIVE SIOUX FALLS, SD 57108	SHARED SERVICES	70,319,040
SIOUX FALLS CONSTRUCTION PO BOX 2728 SIOUX FALLS, SD 571072728	CONSTRUCTION	12,660,285
SANFORD SCHOOL OF MEDICINE 1400 W 22ND ST 120 SIOUX FALLS, SD 571051505	PHYSICIAN SERVICES	3,756,580
PHYSICIANS LABORATORY LTD 1301 S CLIFF AVE SUITE 700 SIOUX FALLS, SD 571051019	PATHOLOGY	1,983,329
ASSOCIATED REGIONAL & UNIVERSITY PATHOLO PO BOX 27964 SALT LAKE CITY, UT 84127	LAB TESTING	1,686,263

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 ▶ 82

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 46,961				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 2,168,655				
	e	Government grants (contributions)	1e 731,547				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,986,591				
	g	Noncash contributions included in lines 1a-1f $	1,485,000				
	h	**Total.** Add lines 1a-1f	▶	5,933,754			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE RE	622110	846,144,083	846,144,083		
	b	OTHER PATIENT AND CLIN	621500	40,942,781	25,373,960	15,568,821	
	c	INCOME FROM SUBSIDIARI	423000	8,296,577	8,296,577		
	d	MEANINGFUL USE REVENUE	900099	1,588,320	1,588,320		
	e	INTEREST IN FOUNDATION	900099	1,078,110	1,078,110		
	f	All other program service revenue		13,810,353	13,810,353		
	g	**Total.** Add lines 2a–2f	▶	911,860,224			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	58,393			58,393
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	1,632,683				
	b	Less rental expenses	2,184,967				
	c	Rental income or (loss)	-552,284				
	d	Net rental income or (loss)	▶	-552,284			-552,284
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	53,835,111 / 536,436				
	b	Less cost or other basis and sales expenses	50,554,004 / 574,811				
	c	Gain or (loss)	3,281,107 / -38,375				
	d	Net gain or (loss)	▶	3,242,732			3,242,732
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	Business Code				
	11a	SPORTS PROGRAM	900099	1,169,239		1,169,239	
	b	COMMERCIAL TESTING	621500	844,224		844,224	
	c	A/R INTEREST INCOME	900099	144,967	144,967		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	2,158,430			
	12	**Total revenue.** See Instructions	▶	922,701,249	896,436,370	17,582,284	2,748,841

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	289,204	289,204		
2 Grants and other assistance to domestic individuals See Part IV, line 22	347,402	347,402		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,570,137	1,439,019	1,131,118	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,137,088	1,137,088		
7 Other salaries and wages	350,369,380	321,987,821	27,949,887	431,672
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,777,118	23,946,733	2,801,400	28,985
9 Other employee benefits	41,303,900	35,411,796	5,835,660	56,444
10 Payroll taxes	24,052,814	21,782,882	2,238,517	31,415
11 Fees for services (non-employees)				
a Management	135,959	135,959		
b Legal	83,392	40,088	43,304	
c Accounting	43,204	15,000	28,204	
d Lobbying	46,518		46,518	
e Professional fundraising services See Part IV, line 17	17,835			17,835
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	152,932,807	69,835,343	82,869,454	228,010
12 Advertising and promotion	896,835	654,919	135,075	106,841
13 Office expenses	11,997,737	6,989,049	4,843,791	164,897
14 Information technology	5,808,148	2,623,942	3,167,100	17,106
15 Royalties				
16 Occupancy	18,503,264	14,600,839	3,902,330	95
17 Travel	3,335,245	2,891,442	424,490	19,313
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,990,723	1,891,413	98,968	342
20 Interest	9,171,703	8,930,850	240,853	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,439,097	32,628,853	5,804,439	5,805
23 Insurance	3,707,195	1,801,767	1,905,428	
24 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)				
a MEDICAL SUPPLIES	179,300,991	179,300,991		
b BAD DEBT EXPENSE	19,053,169	19,053,169		
c EQUIPMENT LEASE AND REN	2,817,273	1,837,189	976,968	3,116
d UBI TAX	1,240,039	1,240,039		
e All other expenses	4,512,744	-116,726	4,466,479	162,991
25 **Total functional expenses.** Add lines 1 through 24e	900,880,921	750,696,071	148,909,983	1,274,867
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		29,331,312	2	28,776,240
	3	Pledges and grants receivable, net		2,610,564	3	2,281,517
	4	Accounts receivable, net		118,427,184	4	121,016,756
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		166,667	5	112,500
	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		2,874,496	7	2,693,429
	8	Inventories for sale or use		17,647,635	8	20,390,785
	9	Prepaid expenses and deferred charges		9,591,008	9	12,440,285
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 757,496,309			
	b	Less accumulated depreciation	10b 375,598,703	360,308,744	10c	381,897,606
	11	Investments—publicly traded securities		11,804,065	11	7,281,683
	12	Investments—other securities See Part IV, line 11		275,786,675	12	226,728,566
	13	Investments—program-related See Part IV, line 11		11,238,727	13	10,574,070
	14	Intangible assets		41,030,264	14	42,654,138
	15	Other assets See Part IV, line 11		42,436,666	15	28,192,881
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		923,254,007	16	885,040,456
Liabilities	17	Accounts payable and accrued expenses		67,399,040	17	67,597,970
	18	Grants payable			18	
	19	Deferred revenue		538,982	19	322,933
	20	Tax-exempt bond liabilities		242,343,692	20	238,371,954
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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		1,453,366	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		34,347,655	25	27,038,209
	26	**Total liabilities.** Add lines 17 through 25		346,082,735	26	333,331,066
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		562,194,755	27	536,715,789
	28	Temporarily restricted net assets		12,147,978	28	11,819,039
	29	Permanently restricted net assets		2,828,539	29	3,174,562
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		577,171,272	33	551,709,390
	34	Total liabilities and net assets/fund balances		923,254,007	34	885,040,456

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	922,701,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	900,880,921
3	Revenue less expenses Subtract line 2 from line 1	3	21,820,328
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	577,171,272
5	Net unrealized gains (losses) on investments	5	-10,647,277
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-36,634,933
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	551,709,390

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 46-0224743
Name: AVERA MCKENNAN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 9,762,222 including grants of $) (Revenue $ 12,305,846)

AVERA MCKENNAN ALSO PROVIDES LONG-TERM CARE, RETAIL SERVICES, HOME INFUSION, RESEARCH, FITNESS CENTER, REGIONAL LAB AND MOBILE SERVICES MEDICAL RESEARCH AS A RESEARCH INSTITUTION, AVERA MCKENNAN DRAWS PHYSICIANS WHO ARE COMMITTED TO SEEKING NEW TREATMENTS AND PREVENTIVE MEASURES THE AVERA RESEARCH INSTITUTE IN 2016 PARTICIPATED IN OVER 90 CLINICAL TRIALS, INVOLVING CANCER, ALZHEIMER'S DISEASE, BEHAVIORAL HEALTH, DIABETES AND MORE THE AVERA RESEARCH INSTITUTE ALSO CONTINUES ONGOING APPLIED RESEARCH IN THE AREA OF DEVELOPING A NOVEL PHOTOCHEMICAL TISSUE BONDING TECHNOLOGY THAT HAS VASCULAR, OPHTHALMOLOGIC AND DERMATOLOGICAL APPLICATIONS THROUGH ITS GENETICS LAB, AVERA MCKENNAN IS STUDYING CLINICAL APPLICATIONS OF PERSONALIZED MEDICINE THROUGH PHARMACOGENOMICS IN AREAS OF PAIN MANAGEMENT, BEHAVIORAL HEALTH, CARDIOVASCULAR HEALTH, INTERNAL MEDICINE, AND CANCER IN FISCAL YEAR 2016, AVERA MCKENNAN OPERATED THE AVERA RESEARCH INSTITUTE AT A LOSS OF $9,925,987

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL BENDER CHAIR	2 00 0 00	X		X				0	0	0
JAMES WIEDERRICH VICE CHAIR	2 00 0 00	X		X				0	0	0
DAVID KAPASKA DO PRESIDENT & CEO	40 00 0 00	X		X				0	853,345	39,030
GENE JONES JR BOARD TRUSTEE	2 00 0 00	X						0	0	0
AMY KRIE MD BOARD TRUSTEE	40 00 0 00	X						744,211	0	21,373
SISTER KATHRYN EASLEY BOARD TRUSTEE	2 00 0 00	X						0	0	0
RICK KOOIMA MD BOARD TRUSTEE	40 00 0 00	X						314,236	0	44,107
SISTER JOAN REICHELT BOARD TRUSTEE	2 00 3 80	X						0	0	0
JENNIFER MCKAY MD CHIEF OF STAFF	2 00 40 00	X						0	255,019	13,945
DAVID FLECK BOARD TRUSTEE	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA PAY BOARD TRUSTEE	2 00 0 00	X						0	0	0
BILL ROSSING MD BOARD TRUSTEE	2 00 0 00	X						0	0	0
CINDY WALSH BOARD TRUSTEE	2 00 0 00	X						0	0	0
DAVID CHICOINE BOARD TRUSTEE	2 00 0 00	X						0	0	0
MARY DALLY BOARD TRUSTEE	2 00 0 00	X						0	0	0
HUGH VENRICK BOARD TRUSTEE	2 00 0 00	X						0	0	0
RAED SULAIMAN MD BOARD TRUSTEE	2 00 0 00	X						0	0	0
CAROL TWEDT BOARD TRUSTEE	2 00 0 00	X						0	0	0
SISTER LUCILLE WELBIG BOARD TRUSTEE	2 00 2 00	X						0	0	0
SISTER MARIBETH WENTZLAFF BOARD TRUSTEE	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE N NORTON SEC/TREAS & SRVP FINANCE	40 00 0 00			X				443,616	0	44,107
LORI POPKES SR VICE PRESIDENT	40 00 0 00				X			226,192	0	41,268
DAVID FLICEK CHIEF ADMINISTRATIVE OFFICE	1 00 40 00				X			0	592,208	35,882
STEVE PETERSEN AVP-PHARMACY	40 00 0 00				X			0	235,289	27,515
MARY LEEDOM AVP-SURGERY	40 00 0 00				X			184,833	0	10,992
CURT HOHMAN SR VICE PRESIDENT	40 00 0 00				X			312,378	0	28,732
JUDY BLAUWET SR VICE PRESIDENT UNTIL 10/24/15	40 00 0 00				X			332,039	0	24,000
KELLY MCCAUL MD ABIM FRCPC HEMATOLOGY, TRANSPLANTATION	40 00 0 00					X		1,122,028	0	29,852
HENDRIK KLOPPER MD NEUROSURGERY	40 00 0 00					X		1,161,392	0	42,001
BRIAN KNUTSON MD DERMATOLOGY	40 00 0 00					X		1,265,495	0	42,001

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN CONDRON MD GASTROENTEROLOGY	40 00 0 00					X		1,486,539	0	44,551
JEFFERY STEERS MD TRANSPLANT	40 00 0 00					X		1,075,978	0	44,107

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

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 331/3% 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 331/3% 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) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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 (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 (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** . . . . . ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 (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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	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* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	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*	4a		
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*	4b		
c	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*	4c		
5a	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)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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* ***Part VI.***	6		
7	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)*	7		
8	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)*	8		
9a	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* ***Part VI.***	9a		
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* ***Part VI.***	9b		
c	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* ***Part VI.***	9c		
10a	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*	10a		
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)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	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*	11c		

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? *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*	1		
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? *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*	2		

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)? *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)*	1		

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?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
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? *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*	2a		
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? *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*	2b		
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*	3a		
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*	3b		

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)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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

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

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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.

OMB No 1545-0047

2015

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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	Employer identification number
AVERA MCKENNAN	46-0224743

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		46,518
j	Total Add lines 1c through 1i			46,518
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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	PART II-B LINE 1I AVERA MCKENNAN PARTICIPATES THROUGH VARIOUS HOSPITAL ORGANIZATIONS TO PROMOTE LEGISLATION THAT WOULD RESULT IN STRENGTHENING HEALTH CARE DELIVERY SYSTEMS ON A NATIONAL, REGIONAL, AND LOCAL LEVEL DUES WERE PAID TO THE FOLLOWING ORGANIZATIONS AND A PORTION IS ATTRIBUTABLE TO LOBBYING SOUTH DAKOTA ASSOCIATION OF HEALTHCARE ORGANIZATIONS $23,286 AMERICAN HOSPITAL ASSOCIATION 18,340 CATHOLIC HEALTH ASSOCIATION 4,808 LEADINGAGE 84

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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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	10,679
d	Additions during the year	1d	193,818
e	Distributions during the year	1e	190,026
f	Ending balance	1f	14,471

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	2,828,539	2,692,789	2,631,677	2,141,642	2,021,909
b	Contributions					
c	Net investment earnings, gains, and losses	346,023	135,750	61,112	490,035	119,733
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	3,174,562	2,828,539	2,692,789	2,631,677	2,141,642

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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	13,244,499	22,936,315		36,180,814
b Buildings	4,704,319	430,359,213	184,613,107	250,450,425
c Leasehold improvements		12,612	2,955	9,657
d Equipment		252,853,676	186,187,793	66,665,883
e Other		33,385,675	4,794,848	28,590,827
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				381,897,606

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ASSETS LIMITED AS TO USE - AVERA POOLED INVESTMENTS	189,303,735	F
(B) HEART HOSPITAL OF SOUTH DAKOTA, LLC	18,030,953	F
(C) INTEREST IN AVERA HEALTH FOUNDATION	13,628,531	F
(D) INVESTMENTS IN AFFILIATED COMPANIES	5,765,347	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	226,728,566	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	792,198
OTHER LIABILITIES	3,297,751
DUE TO OTHER ORGANIZATIONS	1,174,897
MARKET VALUE OF INTEREST SWAP	10,907,265
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	3,879,577
MINORITY INTEREST	4,310,521
INSURANCE LOSS LIABILITY	2,676,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	27,038,209

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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 1B	THE ORGANIZATION HOLDS FUNDS IN TRUST ON BEHALF OF ITS LONG-TERM CARE RESIDENTS MANY SMALL DOLLAR TRANSACTIONS FLOW IN AND OUT OF THIS ACCOUNT THE ACCOUNT IS MANAGED BY THE NURSING HOME STAFF THE STATE HAS STRICT GUIDELINES ON HOW THESE ACCOUNTS ARE MANAGED

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) CERTAIN CONSOLIDATED SUBSIDIARIES, INCLUDING HEART HOSPITAL OF SOUTH DAKOTA LLC, ALUMEND LLC, AND ALUCENT MEDICAL, INC ARE NOT TAX-EXEMPT ENTITIES AND ARE CONSIDERED PARTNERSHIPS OR DISREGARDED ENTITIES FOR TAX PURPOSES AVERA MCKENNAN IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS IN ADDITION, AVERA MCKENNAN IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AVERA MCKENNAN FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME FOR THE YEARS ENDED JUNE 30, 2016 AND 2015, CASH PAID FOR INCOME TAXES WAS $847,154 AND $742,929, RESPECTIVELY THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED 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 WERE INCURRED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	JON OIEN 600 E SUNNYBROOK DR SIOUX FALLS, SD 57105	MAJOR AND PLANNED GIFT SOLICITATIONS		No	0	17,835	0
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶				17,835	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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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

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

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			
	☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☑ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
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 eligibile 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)			13,022,655		13,022,655	1 480 %
b Medicaid (from Worksheet 3, column a)			71,597,697	53,884,136	17,713,561	2 010 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,187,556	1,039,703	1,147,853	0 130 %
d **Total** Financial Assistance and Means-Tested Government Programs			86,807,908	54,923,839	31,884,069	3 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,175,743	423,973	2,751,770	0 310 %
f Health professions education (from Worksheet 5)			8,524,714	1,660,158	6,864,556	0 780 %
g Subsidized health services (from Worksheet 6)			13,849,501	9,625,274	4,224,227	0 480 %
h Research (from Worksheet 7)			11,854,532	1,204,458	10,650,074	1 210 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,345,795		2,345,795	0 270 %
j **Total.** Other Benefits			39,750,285	12,913,863	26,836,422	3 050 %
k **Total.** Add lines 7d and 7j			126,558,193	67,837,702	58,720,491	6 670 %

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						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
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	19,053,169		
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	215,675,374		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	239,742,206		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-24,066,832		
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

Section C. Collection Practices

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

Part 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? **7**

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)

Name of hospital facility or letter of facility reporting group AVERA MCKENNAN

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?	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	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW AVERA ORG/MCKENNAN/			
b	☑ Other website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
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?	10	Yes	
a	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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 MCKENNAN

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
b	☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

AVERA MCKENNAN

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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**	Yes	
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group HEART HOSPITAL OF SOUTH DAKOTA LLC

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

			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?	**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	**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	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
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	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
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	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW AVERA ORG/HEART-HOSPITAL/			
b	☑ Other website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-NEEDS-HEALTH-ASSESSMENTS/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
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?	**10**	Yes	
a	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-NEEDS-HEALTH-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**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)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	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)

HEART HOSPITAL OF SOUTH DAKOTA LLC

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	13	Yes	
a	☑ 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 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW AVERA ORG/LOCATIONS/HEART-HOSPITAL			
b	☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/LOCATIONS/HEART-HOSPITAL			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/LOCATIONS/HEART-HOSPITAL			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

HEART HOSPITAL OF SOUTH DAKOTA LLC

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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☐ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**		No
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group AVERA GREGORY HEALTHCARE CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			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?	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	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
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	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	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW AVERA ORG/GREGORY-HOSPITAL/			
b	☑ Other website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
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?	10	Yes	
a	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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 GREGORY HEALTHCARE 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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
b	☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

AVERA GREGORY HEALTHCARE 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**	Yes	
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group AVERA MILBANK AREA HOSPITAL

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

			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?	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	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW AVERA ORG/MILBANK/			
b	☑ Other website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
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?	10	Yes	
a	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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 MILBANK AREA 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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
b	☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

AVERA MILBANK AREA 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**	Yes	
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group AVERA DELLS AREA HEALTH CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

			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?	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	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
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	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	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW AVERA ORG/DELL-RAPIDS/			
b	☑ Other website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
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?	10	Yes	
a	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

Name of hospital facility or letter of facility reporting group AVERA DELLS AREA HEALTH CENTER

			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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
b	☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

AVERA DELLS AREA HEALTH 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**	Yes	
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group AVERA FLANDREAU MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			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?	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	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
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	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	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW AVERA ORG/FLANDREAU-MEDICAL/			
b	☑ Other website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
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?	10	Yes	
a	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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 FLANDREAU 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	13	Yes	
a	☑ 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 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
b	☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

AVERA FLANDREAU 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**	Yes	
	If "Yes," explain in Section C			

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)

Name of hospital facility or letter of facility reporting group AVERA HAND COUNTY MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

			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?	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	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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
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	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW AVERA ORG/MILLER/			
b	☑ Other website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
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?	10	Yes	
a	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

Name of hospital facility or letter of facility reporting group AVERA HAND COUNTY MEMORIAL HOSPITAL

			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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ 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 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
b	☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/EXPERIENCE/AH/FINANCIAL-ASSISTANCE-CHARITY-CARE/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

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			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

AVERA HAND COUNTY 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**	Yes	
	If "Yes," explain in Section C			

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? **40**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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	AVERA MCKENNAN'S 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	A COMBINATION OF COSTING METHODOLOGY WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE A COST ACCOUNTING SYSTEM WAS USED TO CALCULATE MEDICAID AND MEANS-TESTED GOVERNMENT PROGRAM EXPENSES AND SHORTFALLS AND SUBSIDIZED HEALTH SERVICES FOR OUR TERTIARY MEDICAL CENTER A COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES WAS USED TO CALCULATE CHARITY CARE AT COST FOR ALL ENTITIES AND MEDICAID AND MEANS-TESTED GOVERNMENT PROGRAM EXPENSES AND SHORTFALLS AND SUBSIDIZED HEALTH SERVICES FOR ANY OPERATIONS OUTSIDE OF THE TERTIARY MEDICAL CENTER FOR ALL OTHER AMOUNTS, COSTS AND REVENUES AS REFLECTED BY THE GENERAL LEDGER SYSTEM WERE USED

Form and Line Reference	Explanation
PART I, LINE 7G	PHYSICIAN CLINIC COSTS FOR TRANSPLANT SERVICES ARE INCLUDED IN SUBSIDIZED HEALTH SERVICES REVENUES OF $668,988 AND COSTS OF $2,345,052 WERE INCLUDED FOR A NET COMMUNITY BENEFIT OF $1,676,064 OUR FACILITY IS THE PRINCIPAL PROVIDER OF BONE MARROW AND PANCREAS TRANSPLANT SERVICES THROUGH OUR SERVICE AREA, IN ADDITION TO DEVELOPING A LIVER TRANSPLANT PROGRAM, WITH THE CLINICS AS A CRUCIAL COMPONENT OF SUCCESSFUL PRE AND POST TRANSPLANT CARE

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	BAD DEBT EXPENSE OF $19,053,169 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 III, LINE 2	BAD DEBT EXPENSE IS REPORTED NET OF DISCOUNTS AND CONTRACTUAL ALLOWANCES A PAYMENT ON AN ACCOUNT PREVIOUSLY WRITTEN OFF REDUCES BAD DEBT EXPENSE IN THE CURRENT YEAR BAD DEBT EXPENSE ON LINE 2 IS REPORTED AT CHARGES AS PRESENTED ON THE FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 4	THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSES CAN BE FOUND ON PAGE 9 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	THE MEDICARE REVENUES RECEIVED (LINE 5), ALLOWABLE COSTS (LINE 6), AND THE RESULTING LOSS (LINE 7) DOES NOT INCLUDE A SIGNIFICANT PORTION OF THE ORGANIZATION'S EXPENSES THESE LINES REQUIRE USE OF THE MEDICARE COST REPORT AS PREPARED BY THE REQUIRED GUIDELINES WHICH DISALLOWS NUMEROUS COSTS OF HOSPITALS, PARTICULARLY IF THEY ARE PART OF AN INTEGRATED SYSTEM SUCH AS AVERA MCKENNAN IN THESE CASES THE ENTITY MUST FILE A HOME OFFICE COST REPORT WHICH "STEPS DOWN" OVERHEAD TO NON-COST REPORT ENTITIES DISPROPORTIONATELY TO ACTUAL ALLOWABLE SHARE AND ESSENTIALLY REMOVING THE COSTS FROM THE HOSPITAL'S COST REPORT ENTIRELY EXAMPLES OF A PORTION OF THESE OVERHEAD COSTS WOULD BE FINANCE, BUSINESS OFFICE, INFORMATION TECHNOLOGY, HUMAN RESOURCES AND ADMINISTRATION EXAMPLES OF NON-COST REPORT ENTITIES OPERATED BY AVERA MCKENNAN INCLUDE CLINICS, MOBILE IMAGING SERVICES, LONG-TERM CARE FACILITIES, AND OTHER HEALTH CARE RELATED BUSINESSES THERE ARE ALSO COSTS COMPLETELY DISALLOWED BY COST REPORT RULES SUCH AS BAD DEBT EXPENSE, HOSPITALISTS CARE, CRNA'S, AND INTEREST EXPENSE AVERA MCKENNAN ALSO RECEIVES A MEDICARE DISPROPORTIONATE SHARE HOSPITAL (DSH) ADJUSTMENT AS PART OF THE COST REPORT DUE TO ITS SIGNIFICANT NUMBER OF LOW-INCOME PATIENTS SERVED PART III, LINE 5 REQUIRES INCLUSION OF THIS REVENUE THOUGH EXPENSES INCLUDED ARE MUCH LOWER SCHEDULE H INSTRUCTIONS ALSO REQUIRE THE EXCLUSION OF $872,640 OF MEDICARE LOSSES BECAUSE THEY ARE INCLUDED IN SCHEDULE H, PART 1, LINE 7F OR 7G INCLUDING THE MEDICARE PERCENTAGE OF DISALLOWED COSTS, ENTITIES WHICH DON'T FILE A COST REPORT BUT NEVERTHELESS CARE FOR MEDICARE PATIENTS, AND THE IMPACT OF THE HOME OFFICE COST REPORT, THE MEDICARE SHORTFALL IS $48,046,274 AS OPPOSED TO A SHORTFALL OF $24,066,832 AVERA MCKENNAN FOLLOWS THE CATHOLIC HEALTH ASSOCIATION 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 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 & MEDICAID SERVICES

Form and Line Reference	Explanation
PART III, LINE 9B	IF THE PATIENT QUALIFIES FOR THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME, UNINSURED PATIENTS AND IS COOPERATING WITH THE ORGANIZATION WITH REGARD TO EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN 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

Form and Line Reference	Explanation
PART VI, LINE 2	COMMUNITY NEEDS ASSESSMENT OCCURS AT VARIOUS POINTS IN THE SYSTEM THROUGH ANNUAL STRATEGIC PLANNING SESSIONS, COMMUNITY LEADERS ARE BROUGHT IN TO UPDATE AND EDUCATE AVERA MCKENNAN BOARD MEMBERS AND ADMINISTRATIVE COUNCIL ON THE SUCCESSES, CHALLENGES, AND SERVICE GAPS IN THE COMMUNITY EXAMPLES INCLUDE SCHOOL DISTRICT OFFICIALS, STATE HEALTH DEPARTMENT, AND COMMUNITY HEALTH ORGANIZATIONS LEADERS ALSO SERVE ON BOARDS OF VARIOUS COMMUNITY ORGANIZATIONS WHICH SEEK TO ADDRESS THE HEALTH AND WELL-BEING OF AREA CITIZENS LOCAL GOVERNING BOARDS AT OUTLYING FACILITIES, WHO ARE MEMBERS OF THE COMMUNITY, DISCUSS AND HELP DIRECT RESOURCES TO AREAS OF TARGETED NEEDS AS WELL

Form and Line Reference	Explanation
PART VI, LINE 3	NOTICES ARE POSTED IN ENGLISH AND SPANISH IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMITTING OFFICES, AND OUTPATIENT SERVICE SETTINGS AS WELL AS THE ORGANIZATION WEBSITE POSTED NOTICES STATE THAT THE ORGANIZATION HAS A FINANCIAL ASSISTANCE POLICY FOR LOW-INCOME UNINSURED PATIENTS WHO MAY NOT BE ABLE TO PAY THEIR BILL AND THAT THIS POLICY PROVIDES FOR CHARITY CARE AND REDUCED-PAYMENT FOR HEALTHCARE SERVICES THERE IS ALSO IDENTIFICATION OF A CONTACT PHONE NUMBER THAT A PATIENT CAN CALL TO OBTAIN MORE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ABOUT HOW TO APPLY FOR SUCH ASSISTANCE ADDITIONALLY, ADMITTING STAFF MAKES AVAILABLE A BROCHURE DESIGNED TO HELP PATIENTS UNDERSTAND HOW WE BILL PATIENTS AND PROVIDES SUMMARY INFORMATION ON FINANCIAL ASSISTANCE IF YOU ARE UNABLE TO PAY PATIENT ADVOCATES WORK WITH UNINSURED PATIENTS IN OUR MAIN TERTIARY FACILITY TO ENROLL THEM IN APPLICABLE SOCIAL PROGRAMS AND IDENTIFY CHARITY ELIGIBILITY, ELIGIBILITY AND ENROLLMENT FOR COUNTY, STATE OR FEDERAL RISK POOLS, AND ELIGIBILITY FOR MODIFIED MEDICARE OR MEDICAID PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 4	AVERA MCKENNAN'S SERVICE AREA IS A LARGELY RURAL POPULATION SERVICES ARE PROVIDED THROUGH A HEALTH CARE NETWORK OF CLINICS, CRITICAL ACCESS HOSPITALS AND TERTIARY FACILITIES COVERING COMMUNITIES IN FOUR STATES THE MAIN TERTIARY FACILITY IS LOCATED IN A POPULATION CENTER OF OVER 173,000 SERVED BY ANOTHER NON-PROFIT HOSPITAL OF SIMILAR SIZE, VETERANS ADMINISTRATION HOSPITAL, A HOSPITAL DEDICATED TO DIAGNOSIS AND TREATMENT OF HEART DISEASE, AND A HOSPITAL FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS OUTSIDE OF THIS POPULATION CENTER, MOST OF THE COMMUNITIES SERVED HAVE LESS THAN 4,000 RESIDENTS THE PRIMARY SERVICE AREA INCLUDES FOUR COUNTIES COVERING APPROXIMATELY 2,600 SQUARE MILES AND CONTAINS SEVEN FEDERALLY DESIGNATED MEDICALLY UNDERSERVED COMMUNITIES THE U S CENSUS BUREAU DATA ESTIMATES 12% OF RESIDENTS IN THE PRIMARY SERVICE AREA ARE AT OR BELOW THE POVERTY LEVEL OUR SECONDARY SERVICE AREA COVERS AN ADDITIONAL 17 COUNTIES IN SOUTH DAKOTA, IOWA AND MINNESOTA WITH AN ESTIMATED TOTAL POPULATION OF 235,000 BASED ON U S CENSUS BUREAU PROJECTIONS FOR 2015

Form and Line Reference	Explanation
PART VI, LINE 5	SURPLUS FUNDS ARE REINVESTED IN FACILITIES TO IMPROVE PATIENT CARE MEDICAL STAFF PRIVILEGE S ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY THE AVERA MCKENNAN BOARD OF T RUSTEES IS PRINCIPALLY COMPRISED OF COMMUNITY MEMBERS FROM THE PRIMARY SERVICE AREA MEMBE RS COME FROM A VARIETY OF BACKGROUNDS RANGING FROM PRIVATE INDUSTRY AND BANKING TO HEALTHC ARE AVERA MCKENNAN IS A VERIFIED LEVEL II TRAUMA CENTER AND WAS THE FIRST SUCH CENTER IN T HE STATE OF SOUTH DAKOTA AVERA MCKENNAN'S EMERGENCY DEPARTMENT IS STAFFED 24 HOURS A DAY WITH BOARD-CERTIFIED EMERGENCY SPECIALISTS AND PROVIDES EMERGENCY CARE REGARDLESS OF ABILI TY TO PAY AVERA MCKENNAN HAD 29,650 EMERGENCY DEPARTMENT VISITS IN FY 2016 OPERATING BOT H FIXED WING AND HELICOPTER MEDICAL AIR TRANSPORTS, AVERA MCKENNAN'S FLIGHT TEAMS COVER A LARGE GEOGRAPHIC AREA PROVIDING STATE-OF-THE-ART AIR TRANSPORT SERVICES AND ACCESS TO CRIT ICAL CARE, WITH 1,598 FLIGHTS IN THE PAST YEAR AVERA MCKENNAN OWNS OR LEASES RURAL CRITICA L ACCESS HOSPITALS IN FLANDREAU, GREGORY, DELL RAPIDS, MILBANK AND MILLER (HAND COUNTY), S OUTH DAKOTA AS SUCH, THEY OPERATE AS A DEPARTMENT OF AVERA MCKENNAN THE HOSPITALS IN FLA NDREAU, GREGORY AND HAND COUNTY SERVE MEDICALLY UNDERSERVED COUNTIES IN ADDITION TO THE F OLLOWING EXEMPT PURPOSE ACHIEVEMENTS, RURAL HOSPITALS PARTICIPATE IN MANY OF THE ABOVE AS PART OF AVERA MCKENNAN AMONG SERVICES OFFERED BY RURAL HOSPITALS ARE RADIOLOGY AND IMAGIN G, COLONOSCOPY AND ENDOSCOPY, THERAPY AND REHABILITATION, 24-HOUR EMERGENCY CARE, CHEMOTHE RAPY, ORTHOPEDICS, CARDIOVASCULAR TESTING AND CARE, OBSTETRICS, SURGERY, AND DIALYSIS HEAL TH CARE CLINIC IN 1992, AVERA MCKENNAN ESTABLISHED A HEALTH CARE CLINIC TO PROVIDE FREE C ARE FOR PEOPLE WHO ARE UNINSURED OR UNDERINSURED IN THE COMMUNITY THE CLINIC IS MANAGED B Y A REGISTERED NURSE AND STAFFED BY REGISTERED NURSES, TWO MIDLEVEL PROVIDERS, MEDICAL RES IDENTS AND VOLUNTEER HEALTH CARE PROVIDERS THE GOAL OF THE CLINIC IS TO PREVENT OR TREAT PATIENTS' MEDICAL CONDITIONS BEFORE THEY BECOME CATASTROPHIC THE CLINIC AVERAGES 450 VISI TS PER MONTH, PROVIDING PREVENTATIVE CARE, DIAGNOSIS AND TREATMENT OF ILLNESSES AND INJURI ES, MEDICATION ASSISTANCE AND ASSISTANCE IN OBTAINING SPECIALIST CARE FOR PATIENTS WITH CO MPLEX CASES THE CLINIC ALSO SERVES TO TRAIN PHYSICIANS, NURSES AND OTHER HEALTH CARE STUD ENTS IT PROVIDES A FREE EVENING CLINIC ONE EVENING PER MONTH, STAFFED BY MEDICAL STUDENTS UNDER SUPERVISION OF PHYSICIANS AVERA MCKENNAN IS THE ONLY HEALTH CARE ORGANIZATION TO P ROVIDE FREE SERVICES SUCH AS THIS IN THE STATE OF SOUTH DAKOTA THE CLINIC HAD 5,400 VISIT S IN 2016, AND WAS OPERATED AT AN ANNUAL COST OF $719,110 PARTNERSHIP IN LIVE WELL SIOUX FALLS THE CITY OF SIOUX FALLS RECEIVED A COMMUNITY HEALTH TRANSFORMATION GRANT FROM THE S OUTH DAKOTA DEPARTMENT OF HEALTH, SPARKING A PROJECT TO IMPROVE THE HEALTH AND WELL-BEING OF THE CITIZENS OF SIOUX FALLS GUIDED BY THE CITY OF SIOUX FALLS HEALTH DEPARTMENT, THIS ONGOING PROJECT IS KNOWN AS LIVE WELL SIOUX FALLS IT INVOLVES MORE THAN 24 COMMUNITY PART NER ORGANIZATIONS AMONG THESE PARTNERS ARE AVERA MCKENNAN AND THE OTHER MAJOR HEALTH CARE SYSTEM IN SIOUX FALLS, SANFORD HEALTH AVERA PLANS TO WORK IN PARTNERSHIP WITH THE CITY O F SIOUX FALLS AND SANFORD HEALTH TO ADDRESS THE PRIORITIES OF LIVE WELL SIOUX FALLS, AND A RRIVE AT SOLUTIONS WHICH ARE COLLABORATIVE IN NATURE AVERA MCKENNAN COLLABORATES WITH LIVE WELL SIOUX FALLS TO PROMOTE THE BIG SQUEEZE, A HYPERTENSION INITIATIVE IN APRIL TO PROMOT E BLOOD PRESSURE SCREENING AND EDUCATION, WITH THE GOAL OF DIAGNOSING HIGH BLOOD PRESSURE ONE IN THREE AMERICAN ADULTS HAVE HIGH BLOOD PRESSURE, BUT ONLY HALF OF THEM HAVE IT UNDE R CONTROL, ADDING TO THE RISK OF STROKE, HEART ATTACK AND VASCULAR DISEASE RESIDENCY/HEALT H PROFESSIONS TRAINING AND INTERNSHIPS IN 2016, AVERA MCKENNAN HAD 91 MEDICAL SCHOOL RESI DENTS IN TRAINING AT AVERA MCKENNAN IN INTERNAL MEDICINE, FAMILY PRACTICE, PSYCHIATRY, GER IATRICS AND TRANSITIONAL RESIDENCY PROGRAMS OFFERED IN PARTNERSHIP WITH THE UNIVERSITY OF SOUTH DAKOTA SCHOOL OF MEDICINE OVER 1,000 STUDENTS IN MEDICINE, NURSING, PHARMACY, PHYSI CIAN ASSISTANT PROGRAMS, MEDICAL ASSISTING, RADIOLOGY AND RESPIRATORY THERAPY ALSO COMPLET ED CLINICAL ROTATIONS AT AVERA MCKENNAN IN NON-CLINICAL AREAS, AVERA MCKENNAN OFFERED OVE R 90 PAID AND UNPAID INTERNSHIPS IN 2016 IN THE AREAS OF RESEARCH, FINANCE, ADMINISTRATION , THERAPIES, EXERCISE SCIENCE AND SOCIAL WORK AVERA MCKENNAN IS CURRENTLY AFFILIATED WITH APPROXIMATELY 136 INSTITUTIONS OF HIGHER EDUCATION PATIENT AND COMMUNITY EDUCATION AVER A MCKENNAN IS A REGIONAL LEADER IN OFFERING EDUCATIONAL PROGRAMS FOR A VARIETY OF LEARNERS , LEADERS AND EMPLOYEES UTILIZING ADVANCED TECHNOLOGY, MANY OF THESE PROGRAMS ARE PROVIDE D ELECTRONICALLY THROUGHOUT THE TRI-STATE AREA EDUCATIONAL SESSIONS ARE OFFERED TO MEDICA L STAFF, EMPLOYEES, HEALTH CARE PROFESSIONALS, STUDENTS AT ALL LEVELS AND THE GENERAL PUBL IC UTILIZING AVERA MCKENNAN'S EDUCATION CENTER, A

Form and Line Reference	Explanation
PART VI, LINE 5	BROAD CROSS-SECTION OF CLASSES INVOLVING DIVERSE AUDIENCES ARE PROVIDED AS A COMMUNITY SE RVICE EACH YEAR * ONLINE RESOURCES AVERA MCKENNAN OFFERS VAST FREE PATIENT EDUCATIONAL ON LINE RESOURCES ON ITS PUBLIC WEBSITE ON NUMEROUS HEALTH TOPICS, WITH SUGGESTIONS FOR LIFES TYLE CHANGE, BEHAVIOR MODIFICATION AND MANAGEMENT FOR IMPROVED HEALTH * TO BE WELL FREE ED UCATION EVENTS WERE HELD ON TOPICS INCLUDING ORTHOPEDICS, CANCER, DIABETES, WEIGHT LOSS/HE ALTHY EATING, MULTIPLE SCLEROSIS, ANXIETY AND ACUPUNCTURE * FORUMS THE AVERA BEHAVIORAL HEALTH CENTER OFFERS FREE FRIDAY FORUMS, IN WHICH SCHOOL COUNSELORS AND THERAPISTS ARE INV ITED TO PRESENTATIONS ON CHILDREN'S MENTAL HEALTH TOPICS SUCH AS CONFLICT CYCLES, REACTIVE ATTACHMENT DISORDER, DEPRESSION AND BIPOLAR DISORDER IN CHILDREN, AND TEEN SUBSTANCE USE, ABUSE AND ADDICTION * THE AVERA BEHAVIORAL HEALTH CENTER OFFERS FREE MONTHLY EDUCATIONAL SESSIONS ON VARIOUS TOPICS FOLLOWED BY DISCUSSION FOR ADULTS WHO HAVE BEEN IMPACTED BY A LOVED ONE'S MENTAL ILLNESS TOPICS HAVE INCLUDED GRIEF AND LOSS, ANXIETY, AND PARENTING ST RATEGIES FOR MANAGING CHALLENGING BEHAVIORS * WOMEN'S & CHILDREN'S SERVICES AVERA MCKENNA N'S WOMEN'S & CHILDREN'S SERVICES OFFERS A NUMBER OF PARENTING AND COMMUNITY EDUCATION OPP ORTUNITIES, FOR FREE OR AT A MINIMAL COST IN FISCAL YEAR 2016, 101 CHILDBIRTH EDUCATION C LASSES WERE HELD WITH 490 ATTENDEES A TOTAL OF 7 PARENT AND FAMILY EDUCATION CLASSES WERE HELD WITH 89 ATTENDEES A TOTAL OF 54 CAR SEATS WERE ISSUED THROUGH THE SOUTH DAKOTA CHIL D SAFETY SEAT DISTRIBUTION PROGRAM FREE BURN EDUCATION WAS PROVIDED TO 2,198 STUDENTS DUR ING PRESENTATIONS IN SCHOOLS * DAYCARE TRAINING FREE OF CHARGE, AVERA MCKENNAN OFFERS FOU R IN-SERVICE TRAINING SESSIONS PER MONTH TO DAYCARE PROVIDERS THROUGH EMBE, WITH A TOTAL O F 36 SCHEDULED ANNUALLY, AND ADDITIONAL SESSIONS FOR REQUESTED TOPICS SUPPORT GROUPS AVE RA MCKENNAN OFFERS APPROXIMATELY 10 FREE SUPPORT GROUPS THEY RANGE IN TOPIC FROM CANCER T O LIVER DISEASE, DIABETES, BONE MARROW TRANSPLANT, STROKE AND GRIEF AND LOSS THE ORGANIZA TION PROVIDES FREE MEETING SPACE AS WELL AS SPEAKERS AND LEADERS INFORMATION AND ASSISTAN CE AVERA MCKENNAN OPERATES A 24-HOUR MEDICAL CALL CENTER, THROUGH WHICH PATIENTS HAVE ACC ESS TO THE ASK-A-NURSE PROGRAM PATIENTS CAN CALL A TOLL-FREE NUMBER AND TALK PERSONALLY W ITH A REGISTERED NURSE TO ASK HEALTH QUESTIONS OR RECEIVE GENERAL HEALTH INFORMATION IN 2 016, THE MEDICAL CALL CENTER HANDLED 145,086 CALLS AVERA MCKENNAN'S WEB SITE ALSO PROVIDE S AN EXTENSIVE HEALTH LIBRARY THAT CONSUMERS CAN ACCESS FREE OF CHARGE INTERPRETER SERVICE AVERA MCKENNAN EMPLOYS TWO FULL-TIME SPANISH INTERPRETERS IN-HOUSE, AND THEIR SERVICES A RE OFFERED TO PATIENTS FREE OF CHARGE IN ADDITION, IN COOPERATION WITH EXTERNAL AGENCIES, AVERA MCKENNAN IS ABLE TO HANDLE 210 DIFFERENT LANGUAGES AND DIALECTS THROUGH PHONE, VIDE O REMOTE INTERPRETING AND OTHER MEANS INTERPRETATION SERVICES ARE AVAILABLE FOR PATIENTS WHEN THEY ARE AT AVERA MCKENNAN IN PERSON, OR WHEN THEY CALL BY PHONE ALL THE ABOVE SERVI CES ARE PROVIDED AT NO COST TO THE PATIENT

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

Form and Line Reference	Explanation
PART VI, LINE 5, CONTINUED	PRENATAL AND DELIVERY CARE BECAUSE EARLY AND REGULAR PRENATAL CARE IS IMPORTANT TO PREVENT PREMATURE BIRTH, AVERA MCKENNAN COLLABORATES IN A COMMUNITY EFFORT TO PROVIDE OBSTETRICS CARE FOR WOMEN WHO DO NOT QUALIFY FOR MEDICAID, BUT CANNOT AFFORD HEALTH INSURANCE THE PROGRAM OFFERS PRENATAL CARE, AND HOSPITAL LABOR AND DELIVERY SERVES FOR A LOW FEE OF $1,000 WOMEN RECEIVE CARE WHETHER THEY CAN COVER ANY OR ALL OF THE FEE CARE IS PROVIDED PRIMARILY BY FIRST-YEAR FAMILY PRACTICE RESIDENTS, SUPERVISED BY EXPERIENCED PHYSICIANS THROUGH THIS PROGRAM IN 2016, AVERA MCKENNAN ASSISTED WITH 98 BIRTHS AND PROVIDED 872 PRENATAL AND POST-PARTUM VISITS TRANSPORT TO TRANSPLANT AVERA MCKENNAN DEVELOPED THE TRANSPORT TO TRANSPLANT PROJECT, WHICH REMOVES TRANSPORTATION BARRIERS FOR PATIENTS FROM RURAL AREAS WHICH MAY PREVENT THEM FROM COMPLETING THE EVALUATION AND TESTING NEEDED FOR KIDNEY AND/OR PANCREAS TRANSPLANT A VAN FUNDED THROUGH A GRANT FROM THE AVERA MCKENNAN FOUNDATION IS USED TO TRANSPORT PATIENTS WHO DEMONSTRATE A FINANCIAL NEED PATIENTS ARE BROUGHT TO THE AVERA TRANSPLANT INSTITUTE FOR A CONDENSED MULTI-DAY EVALUATION WITH ALL TESTING AND VISITS COMPLETED IN LESS THAN ONE WEEK ULTIMATELY, THE PROJECT RESULTS IN IMPROVED MORBIDITY AND MORTALITY, AS KIDNEY TRANSPLANT DOUBLES PATIENT SURVIVAL AS COMPARED TO REMAINING ON DIALYSIS AVERA FAMILY WELLNESS THIS PROGRAM COMBINES POSITIVE ACTIVITIES LIKE VIOLIN LESSONS WITH FAMILY COACHING AT NO CHARGE FOR CHILDREN IN EARLY CHILDHOOD PROGRAMS IN THE SIOUX FALLS SCHOOL DISTRICT THE GOAL IS TO PREVENT OR LESSEN THE EFFECTS OF BEHAVIORAL HEALTH CONDITIONS ON CHILDREN AND FAMILIES BY FOSTERING A POSITIVE ENVIRONMENT OVER 400 STUDENTS AND THEIR FAMILIES ARE ENROLLED THE WALSH FAMILY VILLAGE THIS HOSPITALITY HOUSE COMPLEX ADJACENT TO THE AVERA MCKENNAN CAMPUS PROVIDES A HOME AWAY FROM HOME FOR PATIENTS AND THEIR FAMILIES WHO COME FOR CARE AT AVERA MCKENNAN FROM OUTSIDE OF SIOUX FALLS THE PROJECT WAS FUNDED BY DONATIONS AND IS OPERATED BY AVERA MCKENNAN ELEVEN GUEST ROOMS ARE AVAILABLE AVERA MCKENNAN ALSO DONATES USE OF A BUILDING IN THE COMPLEX FOR A RONALD MCDONALD HOUSE FOR FAMILIES OF PEDIATRIC PATIENTS IF THEY CAN AFFORD IT, GUESTS ARE CHARGED A LOW FEE OF $55 PER NIGHT GUESTS ARE NOT TURNED AWAY DUE TO INABILITY TO PAY THE FEE EMPLOYEES REGULARLY DONATE NON-PERISHABLE FOOD ITEMS TO STOCK A FOOD PANTRY FOR GUESTS IN FY2016, THE WALSH FAMILY VILLAGE SERVED 6,448 GUESTS, STAYING IN 4,026 NIGHTLY ROOMS AN 85 PERCENT OCCUPANCY AVERA MCKENNAN PROVIDES A SUBSIDY OF APPROXIMATELY $176,000 PER YEAR TO OPERATE THE HOSPITALITY COMPLEX PREVENTION AND SUPPORT OF SUBSTANCE USE DISORDER AVERA MCKENNAN IS A PARTNER WITH FACE IT TOGETHER SIOUX FALLS, A NONPROFIT ORGANIZATION WHICH SERVES AS THE LOCAL FACE AND VOICE FOR RECOVERY FROM ADDICTION THROUGH ITS RECOVERY SUPPORT SERVICES, ADVOCACY AND AWARENESS PROGRAMS AVERA HAS BEEN A PARTNER WITH FACE IT TOGETHER SINCE ITS INCEPTION, AND IN A RECENT AWARENESS CAMPAIGN COMMUNITY CONNECTIONS AVERA MCKENNAN REACHES OUT TO PEOPLE AND COMMUNITIES THROUGHOUT EASTERN SOUTH DAKOTA, SOUTHWESTERN MINNESOTA AND NORTHWEST IOWA THROUGH HOME TOWN CONNECTIONS PROVIDING A CRITICAL FEEDBACK LINK TO LOCAL REFERRING DOCTORS, THIS PROGRAM COMPLETES THE COMMUNICATIONS LINKS NECESSARY TO KEEP LOCAL HEALTH CARE PROVIDERS CURRENT ON THE TREATMENT OF THEIR PATIENTS AT AVERA MCKENNAN SUPPORT OF THE ARTS AND CULTURAL LIFE AVERA MCKENNAN HOSTS SIOUX FALLS' ONLY INDOOR SCULPTUREWALK, AN EXTENSION OF THE COMMUNITY'S DOWNTOWN SCULPTUREWALK ARTISTS DONATE SCULPTURES FOR ONE YEAR, WHICH ARE PLACED AT LOCATIONS THROUGHOUT AVERA MCKENNAN'S CAMPUS, IN BUILDINGS CONNECTED BY SKYWALKS BROCHURES CONTAIN A MAP, AND VISITORS WHO FOLLOW THE ROUTE SUGGESTED WALK APPROXIMATELY 1 MILE, MAKING THIS A HEALTHY AS WELL AS A CULTURAL JOURNEY DIABETES PROGRAMMING AVERA PARTICIPATES IN A COLLABORATIVE PROJECT WITH SIOUX FALLS PUBLIC SCHOOLS AND THE SOUTH DAKOTA BOARD OF NURSING TO IMPLEMENT ECONSULT SERVICES WITH DIABETIC EDUCATION SPECIALISTS MONITORING MEDICATIONS AND THE HEALTH OF CHILDREN WITH DIABETES IN THE SCHOOL SETTING AVERA MCKENNAN DIABETES EDUCATORS PROVIDED CLASSES AND ONE-ON-ONE CONSULTATIONS AT A LOSS OF $115,000 IN THE PAST FISCAL YEAR COMMUNITY BENEFITS AVERA MCKENNAN PROVIDES ADDITIONAL COMMUNITY BENEFITS INCLUDING SUPPORT OF YOUTH PROGRAMS, HOMELESS PROGRAMS, COMMUNITY ARTS PROGRAMMING, HEALTH PREVENTION, AWARENESS AND EDUCATION ABOUT CANCER, HEART DISEASE AND OTHER CONDITIONS, AND SUPPORT OF THE SIOUX EMPIRE UNITED WAY AND OTHER SERVICES IN THE REGION PRESCHOOL VISION AND HEARING SCREENING AVERA MCKENNAN PROVIDED FREE SCREENING FOR 254 PRESCHOOL CHILDREN IN FISCAL YEAR 2016

Additional Data

Software ID:
Software Version:
EIN: 46-0224743
Name: AVERA MCKENNAN

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?
7

	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 MCKENNAN 1325 S CLIFF AVE SIOUX FALLS,SD 57117 WWW AVERAMCKENNAN ORG 10563	X	X	X	X		X	X		34 PROVIDER BASED CLINICS	
2	HEART HOSPITAL OF SOUTH DAKOTA LLC 4500 W 69TH STREET SIOUX FALLS,SD 57108 WWW AVERA ORG/HEART-HOSPITAL 41953	X	X					X		2/3 OWNER IN JOINT VENTURE	
3	AVERA MILBANK AREA HOSPITAL 901 VIRGIL AVE MILBANK,SD 57252 WWW AVERA ORG/MILBANK 48451	X	X			X		X		THREE RURAL PROVIDER BASED CLINICS	
4	AVERA GREGORY HEALTHCARE CENTER 400 PARK AVE GREGORY,SD 57533 WWW AVERA ORG/GREGORY-HOSPITAL 54875	X	X			X		X		FOUR PROVIDER BASED CLINICS	
5	AVERA DELLS AREA HEALTH CENTER 909 N IOWA AVENUE DELL RAPIDS,SD 57022 WWW AVERA ORG/DELL-RAPIDS 50754	X	X			X		X		THREE PROVIDER BASED CLINICS	
6	AVERA FLANDREAU MEDICAL CENTER 214 N PRAIRIE FLANDREAU,SD 57028 WWW AVERA ORG/FLANDREAU-MEDICAL 10540	X	X			X		X		ONE PROVIDER BASED CLINIC	
7	AVERA HAND COUNTY MEMORIAL HOSPITAL 300 W 5TH ST MILLER,SD 57362 WWW AVERA ORG/MILLER 53862	X	X			X		X		ONE PROVIDER BASED CLINIC	

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 MCKENNAN	PART V, SECTION B, LINE 5 IN CONDUCTING THE MOST RECENT CHNA, AVERA MCKENNAN SOLICITED COMMUNITY INPUT IN A VARIETY OF METHODS A GENERALIZABLE SURVEY OF RESIDENTS IN THE SIOUX FALLS METROPOLITAN STATISTICAL AREA WAS CONDUCTED IN MARCH 2015 THREE FOCUS GROUP INTERVIEWS WERE CONDUCTED IN MAY 2015 INDIVIDUAL INTERVIEWS WITH 13 COMMUNITY LEADERS WERE HELD REPRESENTING INTERESTS IN BANKING, BUSINESS, NONPROFIT HUMAN SERVICES, NONPROFIT CHILD CARE SERVICES, COMMUNITY COLLEGE ADMINISTRATION, COMMUNITY COLLEGE STUDENT, MINORITY HEALTH CARE PROVIDER, FAITH BASED HUMAN SERVICES AND HEALTH CARE PUBLIC POLICY WERE HELD IN JUNE-AUGUST 2015 SOUTH DAKOTA GOOD & HEALTH COMMUNITY CHECKLIST WAS USED TO CONDUCT ASSESSMENTS COVERING WORKSITE, HEALTH CARE, COMMUNITY AND SCHOOL SECTORS

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
HEART HOSPITAL OF SOUTH DAKOTA, LLC	PART V, SECTION B, LINE 5 IN CONDUCTING THE MOST RECENT CHNA, HEART HOSPITAL OF SOUTH DAKOTA, LLC, SOLICITED COMMUNITY INPUT IN A VARIETY OF METHODS A GENERALIZABLE SURVEY OF RESIDENTS IN THE SIOUX FALLS METROPOLITAN STATISTICAL AREA WAS CONDUCTED IN MARCH 2015 THREE FOCUS GROUP INTERVIEWS WERE CONDUCTED IN MAY 2015 INDIVIDUAL INTERVIEWS WITH 13 COMMUNITY LEADERS WERE HELD REPRESENTING INTERESTS IN BANKING, BUSINESS, NONPROFIT HUMAN SERVICES, NONPROFIT CHILD CARE SERVICES, COMMUNITY COLLEGE ADMINISTRATION, COMMUNITY COLLEGE STUDENT, MINORITY HEALTH CARE PROVIDER, FAITH BASED HUMAN SERVICES AND HEALTH CARE PUBLIC POLICY WERE HELD IN JUNE-AUGUST 2015 SOUTH DAKOTA GOOD & HEALTH COMMUNITY CHECKLIST WAS USED TO CONDUCT ASSESSMENTS COVERING WORKSITE, HEALTH CARE, COMMUNITY AND SCHOOL SECTORS

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 GREGORY HEALTHCARE CENTER	PART V, SECTION B, LINE 5 COMMUNITY INPUT WAS SOLICITED USING FOCUS GROUPS, PERSONAL INTERVIEWS AND GOVERNMENT MEETINGS FOCUS GROUPS INCLUDED TWO GROUPS COVERING A VARIETY OF COMMUNITY MEMBERS AND A THIRD GROUP COMPRISED OF SCHOOL BOARD MEMBERS, PRINCIPALS AND SUPERINTENDENT OF SCHOOLS PERSONAL INTERVIEWS WERE ALSO CONDUCTED WITH THE LEADERS OF THE LOCAL FOOD BANK, THRIFT CLOTHING STORE AND SENIOR MEALS CENTER CHNA TEAM MEMBERS ALSO ATTENDED LOCAL AND COUNTY GOVERNMENT MEETINGS TO SOLICIT FEEDBACK

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 MILBANK AREA HOSPITAL	PART V, SECTION B, LINE 5 COMMUNITY INPUT WAS SOLICITED THROUGH SURVEYS AND PERSONAL INTERVIEWS THE FACILITY SURVEYED COMMUNITY MEMBERS USING BOTH ONLINE AND PRINTED SURVEYS PERSONAL INTERVIEWS WERE CONDUCTED WITH THE HIGH SCHOOL PRINCIPAL, SCHOOL DISTRICT SUPERINTENDENT, COMMUNITY HEALTH NURSE AND DIRECTOR OF INTER-LAKES COMMUNITY ACTION PARTNERSHIP

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 DELLS AREA HEALTH CENTER	PART V, SECTION B, LINE 5 COMMUNITY INPUT WAS SOLICITED USING A VARIETY OF METHODS THE FACILITY DISTRIBUTED AND COLLECTED COMMUNITY SURVEYS IN FEBRUARY 2016 IN MARCH 2016, THREE FOCUS GROUPS REPRESENTING A VARIETY OF COMMUNITY RESIDENTS WERE HELD AN INDIVIDUAL INTERVIEW WAS HELD WITH MOODY COUNTY COMMUNITY SERVICES MANAGER DATA WAS ALSO GATHERED FROM AVERA MEDICAL GROUP DELL RAPIDS MEDICAL STAFF AND CLINIC MANAGER, AND AVERA DELLS AREA HOSPITAL INTERIM ADMINISTRATOR AND DIRECTOR OF NURSING

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 FLANDREAU MEDICAL CENTER	PART V, SECTION B, LINE 5 COMMUNITY INPUT WAS SOLICITED USING FOCUS GROUPS AND A SURVEY THREE FOCUS GROUPS OF INDIVUDALS WITH A VESTED INTEREST IN THE HOSPITAL AND HEALTH OF THE COUNTY PARTICIPATED COMMUNITY SURVEYS WERE CONDUCTED IN AUGUST 2015 A COMMUNITY COALITION WAS CREATED WITH A CORE OF TEN COMMUNITY LEADERS ALONG WITH AN ADDITIONAL GROUP OF 40 COMMUNITY LEADERS WHO ACTIVELY ENGAGED IN PRIMARY DATA COLLECTION

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 HAND COUNTY MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5 THE HOSPITAL USED A SURVEY TOOL TO BEGIN THE PROCESS OF QUALITATIVE DATA COLLECTION THE SURVEY WAS AVAILABLE TO HAND COUNTY COMMUNITY HEALTH STAFF, MILLER AREA HEALTH BOARD, MILLER SENIOR CITIZENS AND HOSPITAL AUXILIARY MEMBERS DURING WINTER OF 2015 THESE GROUPS REPRESENTED A CROSS SECTION OF THE COMMUNITY SERVED IN ADDITION, COMMUNITY SMALL GROUPS WERE SELECTED FOR PRESENTATION AND DIALOGUE THESE CONSISTED OF AHCMH AUXILIARY, FOUNDATION COMMITTEE MEMBERS, MILLER SCHOOL GUIDANCE COUNSELOR, ON HAND DEVELOPMENT LEADERSHIP AND HAND COUNTY PUBLIC HEALTH NURSE

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 MCKENNAN	PART V, SECTION B, LINE 6A THE CHNA WAS CONDUCTED WITH HEART HOSPITAL OF SOUTH DAKOTA, LLC AND SANFORD USD MEDICAL CENTER

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
HEART HOSPITAL OF SOUTH DAKOTA, LLC	PART V, SECTION B, LINE 6A THE CHNA WAS CONDUCTED WITH AVERA MCKENNAN HOSPITAL AND UNIVERSITY HEALTH CENTER AND SANFORD USD MEDICAL CENTER

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 MCKENNAN	PART V, SECTION B, LINE 6B SIOUX FALLS HEALTH DEPARTMENT

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
HEART HOSPITAL OF SOUTH DAKOTA, LLC	PART V, SECTION B, LINE 6B SIOUX FALLS HEALTH DEPARTMENT

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 MCKENNAN	PART V, SECTION B, LINE 11 AVERA MCKENNAN ADOPTED AN IMPLEMENTATION STRATEGY TO ADDRESS THREE HIGHLY IDENTIFIED NEEDS IN THE 2015 CHNA CONDUCTED IN FY2016 THOSE NEEDS ARE OBESITY (INCLUDES NUTRITION, PHYSICAL ACTIVITY AND OTHER CHRONIC DISEASE RISK FACTORS), MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE AND ACCESS TO CARE (INCLUDES ISSUES SUCH AS AVAILABILITY, COST AND COORDINATION OF CARE) A COMMUNITY BEHAVIORAL HEALTH TASK FORCE WILL BE ORGANIZED THE FORCE WILL DEFINE THE COMMUNITY'S BEHAVIORAL HEALTH STATUS, DEMOGRAPHICS AND TOP ISSUES FROM THIS INFORMATION AN ACTION PLAN TO ADDRESS THE TOP 1-3 ISSUES WILL BE DEVELOPED THIS WILL INVOLVE THE FACILITY AND 12 OTHER HEALTH CARE, NON-PROFIT AND CITY AGENCIES HAYWARD THRIVE! IS A PILOT PROJECT INVOLVING THE FACILITY AND A DOZEN OTHER HEALTH SERVICES, CITY AND NON-PROFIT AGENCIES, TARGETING THE HAYWARD NEIGHBOORHOOD AND STRIVING TO EMPOWER PEOPLE TO LIVE HEALTHY, LINK PEOPLE TO RESOURCES TO ACHIEVE AND SUSTAIN GOOD HEALTH AND ENCOURAGE SUSTAINABLE NEIGHBORHOOD AND COMMUNITY ENGAGEMENT, OWNERSHIP AND EMPOWERMENT ACTIVITIES WILL LIKELY INCLUDE HOSTING MONTHLY PROGRAMS ON FOOD PREPARATION, GARDENING AND GROCERY SHOPPING, FITNESS EQUIPMENT, HEALTH FAIRS, ORAL HEALTH OUTREACH AND EDUCATION, BLOCK PARTIES, INCENTIVIES AND WELLNESS SCREENINGS ACCESS TO CARE WILL BE ADDRESSED THROUGH CONTINUED PARTICIPATION AND SUPPORT IN SIOUX EMPIRE NETWORK OF CARE THE PRIMARY PURPOSE IS TO BUILD A COORDINATED SOCIAL SERVICE SYSTEM THROUGH A PARTNERSHIP COLLABORATIVE TO ADDRESS HEALTHCARE ACCESS ISSUES EMPLOYEES WILL CONTINUE TO SUPPORT THE ONGOING DEVELOPMENT, EXPANSION, IMPLEMENTATION AND REVIEWS OF THE SYSTEM TRANSPORTATION IS KEY TO ACCESSING CARE THE FACILITY WILL WORK WITH AVERA HEART HOSPITAL TO GATHER DATA ON GAPS IN PUBLIC TRANSIT SERVICES AND CONSEQUENCES, AND DEVELOP A PILOT TO ADDRESS ISSUES THE PILOT WILL BE EXECUTED WITH TWO LOCAL TRANSIT SERVICE PROVIDERS WITH THE GOAL OF OFFERING TRANSPORTATION TO PATIENTS WHO WOULD OTHERWISE NOT BE ABLE TO ATTEND APPOINTMENTS AND/OR RECEIVE NECESSARY MEDICATIONS THE FACILITY WILL WORK WITH HEART HOSPITAL OF SOUTH DAKOTA, LLC, A LOCAL GROCER, CATHOLIC SCHOOL SYSTEM AND A LOCAL NON-PROFIT (GROUNDWORKS) TO DESIGN AND IMPLEMENT A PILOT PROJECT FOR A DEFINED STUDENT POPULATION TO INCREASE AWARENESS ABOUT ONE'S OWN HEALTH/WELLNESS, IMPROVE HEALTH AND WELL-BEING OF PILOT POPULATION AND INCREASE HEALTH LITERACY ACTIVITIES WILL INCLUDE COLLECTION OF BASELINE HEALTH DATA (WITH CONTINUED TRACKING OVER MULTIPLE YEARS) AND DEVELOPING HEALTH PROGRAMMING AND ACTIVITIES TARGETED AT ELEMENTARY SCHOOL AGE KIDS PROGRAMMING WILL REVOLVE AROUND EXERCISE, HOW THE HEART WORKS, HIDDEN SUGARS, TAKE HOME INFORMATION AND HEALTHY FOOD BUYING AND PREPARATION YOUTH AND EDUCATION AND HOUSING WERE IDENTIFIED BUT WILL NOT BE DIRECTLY ADDRESSED OTHER ORGANIZATIONS IN THE COMMUNITY ARE ADDRESSING THESE CONCERNS THESE AREAS ALSO FALL OUTSIDE OF OUR CORE AREA OF EXPERTISE AND THOSE AGENCIES ARE BETTER EQUIPPED TO HANDLE THE SPECIFIC ISSUES FINALLY, WITH FINITE RESOURCES, THE DECISION WAS MADE TO FOCUS ON NO MORE THAN THE FIVE INITIATIVES IN ORDER TO MAKE THE GREATEST IMPACT

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
HEART HOSPITAL OF SOUTH DAKOTA, LLC	PART V, SECTION B, LINE 11 HEART HOSPITAL OF SOUTH DAKOTA, LLC ADOPTED AN IMPLEMENTATION STRATEGY IN FY2016 TO ADDRESS THREE HIGHLY IDENTIFIED NEEDS THOSE NEEDS ARE OBESITY (INCLUDES NUTRITION, PHYSICAL ACTIVITY AND OTHER CHRONIC DISEASE RISK FACTORS), MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE AND ACCESS TO CARE (INCLUDES ISSUES SUCH AS AVAILABILITY, COST AND COORDINATION OF CARE) A COMMUNITY BEHAVIORAL HEALTH TASK FORCE WILL BE ORGANIZED THE FORCE WILL DEFINE THE COMMUNITY'S BEHAVIORAL HEALTH STATUS, DEMOGRAPHICS AND TOP ISSUES FROM THIS INFORMATION AN ACTION PLAN TO ADDRESS THE TOP 1-3 ISSUES WILL BE DEVELOPED THIS WILL INVOLVE THE FACILITY AND 12 OTHER HEALTH CARE, NON-PROFIT AND CITY AGENCIES HAYWARD THRIVE! IS A PILOT PROJECT INVOLVING THE FACILITY AND A DOZEN OTHER HEALTH SERVICES, CITY AND NON-PROFIT AGENCIES, TARGETING THE HAYWARD NEIGHBOORHOOD AND STRIVING TO EMPOWER PEOPLE TO LIVE HEALTHY, LINK PEOPLE TO RESOURCES TO ACHIEVE AND SUSTAIN GOOD HEALTH AND ENCOURAGE SUSTAINABLE NEIGHBORHOOD AND COMMUNITY ENGAGEMENT, OWNERSHIP AND EMPOWERMENT ACTIVITIES WILL LIKELY INCLUDE HOSTING MONTHLY PROGRAMS ON FOOD PREPARATION, GARDENING AND GROCERY SHOPPING, FITNESS EQUIPMENT, HEALTH FAIRS, ORAL HEALTH OUTREACH AND EDUCATION, BLOCK PARTIES, INCENTIVIES AND WELLNESS SCREENINGS ACCESS TO CARE WILL BE ADDRESSED THROUGH CONTINUED PARTICIPATION AND SUPPORT IN SIOUX EMPIRE NETWORK OF CARE THE PRIMARY PURPOSE IS TO BUILD A COORDINATED SOCIAL SERVICE SYSTEM THROUGH A PARTNERSHIP COLLABORATIVE TO ADDRESS HEALTHCARE ACCESS ISSUES EMPLOYEES WILL CONTINUE TO SUPPORT THE ONGOING DEVELOPMENT, EXPANSION, IMPLEMENTATION AND REVIEWS OF THE SYSTEM TRANSPORTATION IS KEY TO ACCESSING CARE THE FACILITY WILL WORK WITH AVERA MCKENNAN TO GATHER DATA ON GAPS IN PUBLIC TRANSIT SERVICES AND CONSEQUENCES, AND DEVELOP A PILOT TO ADDRESS ISSUES THE PILOT WILL BE EXECUTED WITH TWO LOCAL TRANSIT SERVICE PROVIDERS WITH THE GOAL OF OFFERING TRANSPORTATION TO PATIENTS WHO WOULD OTHERWISE NOT BE ABLE TO ATTEND APPOINTMENTS AND/OR RECEIVE NECESSARY MEDICATIONS THE FACILITY WILL WORK WITH AVERA MCKENNAN, A LOCAL GROCER, CATHOLIC SCHOOL SYSTEM AND A LOCAL NON-PROFIT (GROUNDWORKS) TO DESIGN AND IMPLEMENT A PILOT PROJECT FOR A DEFINED STUDENT POPULATION TO INCREASE AWARENESS ABOUT ONE'S OWN HEALTH/WELLNESS, IMPROVE HEALTH AND WELL-BEING OF PILOT POPULATION AND INCREASE HEALTH LITERACY ACTIVITIES WILL INCLUDE COLLECTION OF BASELINE HEALTH DATA (WITH CONTINUED TRACKING OVER MULTIPLE YEARS) AND DEVELOPING HEALTH PROGRAMMING AND ACTIVITIES TARGETED AT ELEMENTARY SCHOOL AGE KIDS PROGRAMMING WILL REVOLVE AROUND EXERCISE, HOW THE HEART WORKS, HIDDEN SUGARS, TAKE HOME INFORMATION AND HEALTHY FOOD BUYING AND PREPARATION YOUTH AND EDUCATION AND HOUSING WERE IDENTIFIED BUT WILL NOT BE DIRECTLY ADDRESSED OTHER ORGANIZATIONS IN THE COMMUNITY ARE ADDRESSING THESE CONCERNS THESE AREAS ALSO FALL OUTSIDE OF OUR CORE AREA OF EXPERTISE AND THOSE AGENCIES ARE BETTER EQUIPPED TO HANDLE THE SPECIFIC ISSUES FINALLY, WITH FINITE RESOURCES, THE DECISION WAS MADE TO FOCUS ON NO MORE THAN THE FIVE INITIATIVES IN ORDER TO MAKE THE GREATEST IMPACT

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
AVERA GREGORY HEALTHCARE CENTER	PART V, SECTION B, LINE 11 AVERA GREGORY ADOPTED AN IMPLEMENTATION PLAN IN FY2016 TO ADDRESS THREE IDENTIFIED NEEDS COMMUNITY MEMBERS WITH DISABILITIES, ENROLLMENT AND ACCESS TO HEALTH INSURANCE, OBSEITY/DIABETES AND TOBACCO USE THE FACILITY WILL WORK WITH LOCAL GOVERNMENT AND NOT FOR PROFIT FUNDED TRANSPORTATION NETWORK TO ENSURE THE DISABLED HAVE ACCESS TO CARE A SURVEY OF PEOPLE IN THIS COMMUNITY GROUP WILL BE CONDUCTED TO ENSURE THE FACILITY IS MEETING THEIR HEALTHCARE NEEDS AND EXPECTATIONS A COMMUNITY PREVENTION PLAN WILL BE DEVELOPED WITH STATE AND LOCAL PARTNERS TO TRY TO MITIGATE CONTRIBUTING FACTORS TO DISABILITY FINALLY THE CLINICAL CARE TEAM WILL BE MOBILIZED TO IMPROVE HEALTH CARE INTERVENTIONS IN THIS POPULATION ENROLLMENT AND ACCESS TO HEALTH INSURANCE WILL BE ADDRESSED BY TARGETED EDUCATION OF AT RISK POPULATIONS, IN COOPERATION WITH GOVERNMENT AND LOCAL HEALTH INSURANCE PROVIDERS OBESITY/DIABETES WILL BE ADDRESSED THROUGH A CONTINUED PARTNERSHIP WITH SCHOOL SYSTEMS AND LOCAL GROCERY STORES TO PROVIDE EDUCATION ON NUTRITION AND HEALTHY EATING ADDITIONALLY, THE FACILITY WILL WORK WITH THE CITY AND COUNTY GOVERNMENT TO EXPLORE EXPANSION OF EXERCISE TRAILS AND FACILITIES TO PROMOTE HEALTHY LIFESTYLES FINALLY, TOBACCO CESSATION WILL BE ADDRESSED BY WORKING WITH HEALTHCARE PROVIDERS TO PROVIDE EDUCATION DURING CLINICAL VISITS THE FACILITY WILL ALSO OFFER SERVICES TO THE SCHOOL SYSTEM AND AT COMMUNITY EDUCATION EVENTS TO PROVIDE SCIENTIFIC AND ANECDOTAL EVIDENCE ON HOW SMOKING IMPACTS PERSONS AND 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, 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 MILBANK AREA HOSPITAL	PART V, SECTION B, LINE 11 AVERA MILBANK ADOPTED AN IMPLEMENTATION PLAN IN FY2016 TO ADDRESS THREE IDENTIFIED NEEDS MENTAL HEALTH, TRANSLATION SERVICES AND PATIENT EDUCATION AVERA MILBANK IS ADDRESSING MENTAL HEALTH BY EXPANDING PROVIDER ACCESS TO PSYCHIATRY TELEHEALTH VISITS AND PARTICIPATION IN MONTHLY CHILD PROTECTION TEAM MEETINGS WITH LAW ENFOREMENT, COMMUNITY HEALTH, SCHOOL AND ICAP OFFICE OFFICIALS TRANSLATION SERVICES WILL BE ADDRESSED BY IMPLEMENTING TELEPHONIC TRANSLATION SERVICES AND UTILIZING BILINGUAL EMPLOYEES WITHIN THE HEALTHCARE FACILITY, IN ADDITION TO IN PERSON TRANSLATOR SERVICES THE FACILITY PLANS TO HOST EDUCATIONAL SESSIONS ON SUBSTANCE ABUSE TARGETED TO PARENTS, EXPAND SUPPORT GROUPS, HOLD LUNCH AND LEARN SESSIONS WITH LOCAL AND OUTREACH PROVIDERS, AND PARTNER WITH LOCAL GROUPS TO PROMOTE NUTRITION, WEIGHT MANAGEMENT AND HEALTHY LIFESTYLE CHOICES TWO NEEDS WERE IDENTIFIED IN THE ASSESSMENT BUT WILL NOT BE ADDRESSED BY THE FACILITY COST OF A COMMUNITY CENTER AND INCREASED DRUG RELATED CRIMES THESE NEEDS ARE OUTSIDE THE EXPERTISE OF 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 DELLS AREA HEALTH CENTER	PART V, SECTION B, LINE 11 AVERA DELLS ADOPTED AN IMPLEMENTATION PLAN IN FY2016 TO ADDRESS THREE IDENTIFIED NEEDS PUBLIC AWARENESS OF HEALTH CARE SERVICES, IMPROVEMENT OF LOCAL/EMERGENCY TRANSPORTATION SERVICES AND EDUCATION/MOTIVATION ON HEALTHIER LIFESTYLES FOR COMMUNITY MEMBERS THE FACILITY WILL SUPPORT OR PARTICIPATE IN LOCAL COMMUNITY ACTIVITIES AND FUNCTIONS, UTILIZE LOCAL PRINT AND ONLINE PUBLISHING RESOURCES AND ORGANIZE ONLINE TOOLS AND RESOURCES FOR CONSISTENT MESSAGING AND EDUCATION ALL TO PROMOTE HEALTH CARE SERVICES AWARENESS EMERGENCY TRANSPORTATION WILL BE ADDRESSED BY CONSTRUCTING A HELIPORT SPACE ON CAMPUS FOR EMERGENT PATIENT TRANSPORT, FREEING UP PRESSURE ON LOCAL RESOURCES AND SPACE THE FACILITY WILL BUILD RELATIONSHIPS WITH LOCAL FITNESS CENTERS, PROVIDE EDUCATIONAL INFORMATION, FREE DIETARY CONSULTATIONS, FREE GYM MEMBERSHIPS FOR PATIENTS COMPLETING PHYSICAL THERAPY AND FINANCIAL ASSISTANCE TO CENTERS FOR EXERCISE EQUIPMENT GREATER CONVENIENCE TO CARE WAS INDENTIFIED IN THE ASSESSMENT BUT WILL NOT BE FURTHER ADDRESSED BY THE FACILITY CLINIC HOURS ALREADY INCLUDE EXPANSION TO HOURS OUTSIDE OF 8-5 AND THE CLINIC DOES NOT HAVE THE FINANCIAL RESOURCES TO EXPAND FURTHER

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 FLANDREAU MEDICAL CENTER	PART V, SECTION B, LINE 11 AVERA FLANDREAU ADOPTED AN IMPLEMENTATION PLAN IN FY2016 TO ADDRESS FIVE IDENTIFIED NEEDS NUTRITION, PHYSICAL ACTIVITY, CHRONIC DISEASE PREVENTION/MANAGEMENT, PUBLIC AWARENESS AND GREATER CONVENIENCE OF CARE A REGISTERED DIETICIAN WILL PROVIDE FREE DIETARY CONSULTATIONS TO THE PUBLIC, AND OFFER EDUCATIONAL PROGRAMS ON MEAL PLANNING AND FOOD PREPARATION TO ADDRESS PHYSICAL ACTIVITY, THE FACILITY WILL BUILD RELATIONSHIPS WITH LOCAL FITNESS CENTERS, PROVIDE EDUCATIONAL INFORMATION, FREE DIETARY CONSULTATIONS, FREE GYM MEMBERSHIPS FOR PATIENTS COMPLETING PHYSICAL THERAPY AND FINANCIAL ASSISTANCE TO CENTERS FOR EXERCISE EQUIPMENT COORDINATE CARE TEAM UTILIZATION WILL BE PROMOTED TO HELP MANAGE THE CARE OF PATIENTS WITH CHRONIC DISEASES THE FACILITY WILL ALSO EXPLORE UTILIZING THE HEALTH MAINTENANCE REMINDER FUNCTIONALITIES OF THE ELECTRONIC MEDICAL RECORD TO HELP PATIENTS STAY CURRENT ON DISEASE MANAGEMENT THE FACILITY WILL SUPPORT OR PARTICIPATE IN LOCAL COMMUNITY ACTIVITIES AND FUNCTIONS, UTILIZE LOCAL PRINT AND ONLINE PUBLISHING RESOURCES AND ORGANIZE ONLINE TOOLS AND RESOURCES FOR CONSISTENT MESSAGING AND EDUCATION ALL TO PROMOTE HEALTH CARE SERVICES AWARENESS THE FACILITY WILL EXPLORE EXPANDING CLINIC HOURS OUTSIDE OF 'CORE' HOURS THE FACILITY WILL ALSO CONTINUE EFFORTS TO RECRUIT AN ADDITIONAL PHYSICIAN

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 HAND COUNTY MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11 AVERA HAND COUNTY ADOPTED AN IMPLEMENTATION PLAN IN FY2016 TO ADDRESS THREE IDENTIFIED NEEDS ASSISTANCE NAVIGATING MEDICAL RECORDS THROUGH PATIENT PORTAL/HOSPITAL WEBSITE, ACCESS TO PUBLIC TRANSPORTATION AND ACCESS TO AFFORDABLE HOUSING MEDICAL RECORD NAVIGATION NEEDS WILL BE ADDRESSED THROUGH EDUCATIONAL PROGRAMS ILLUSTRATING THE PORTAL BENEFITS AND HOW TO ACCESS RECORDS AND PUBLISHING NEWS ARTICLES EXPLAINING THE BENEFITS OF ELECTRONIC RECORD ACCESS THE FACILITY WILL SCHEDULE MEETINGS WITH THE TWO LOCAL TRANSPORTATION PROVIDERS TO DEVELOP A COMMUNICATION PLAN PAMPHLETS IN CLINIC EXAM ROOMS, WAITING AREAS AND PATIENT ROOMS WILL BE PUBLISHED TO EDUCATE AND PROMOTE THE SERVICES AVERA HAND COUNTY MEMORIAL HOSPITAL WILL NOMINATE LEADERSHIP SUPPORT TO THE MILLER HOUSING TASKFORCE AND WILL SUPPORT HOUSING DEVELOPMENT IN THE COMMUNITY THROUGH OPTIONAL METHODS INCLUDING POSSIBLE RENTAL SUBSIDIES, RENTAL SUPPORT OR OTHER METHODS TO ASSIST WITH DEVELOPMENT OF AFFORDABLE HOUSING

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 MCKENNAN	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.

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 GREGORY HEALTHCARE 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.

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 MILBANK AREA 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.

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 DELLS AREA HEALTH 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.

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 FLANDREAU 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.

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 HAND COUNTY 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.

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 MCKENNAN	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 ON THE BILLING STATEMENT 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
HEART HOSPITAL OF SOUTH DAKOTA, LLC	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 ON THE BILLING STATEMENT

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 GREGORY HEALTHCARE 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 ON THE BILLING STATEMENT 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 MILBANK AREA 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 ON THE BILLING STATEMENT 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 DELLS AREA HEALTH 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 ON THE BILLING STATEMENT 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 FLANDREAU 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 ON THE BILLING STATEMENT 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 HAND COUNTY MEMORIAL 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 ON THE BILLING STATEMENT 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 MCKENNAN	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.

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 GREGORY HEALTHCARE 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

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 MILBANK AREA 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.

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 DELLS AREA HEALTH 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

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 FLANDREAU 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

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 HAND COUNTY 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

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 MCKENNAN	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, 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
HEART HOSPITAL OF SOUTH DAKOTA, LLC	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, 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 GREGORY HEALTHCARE 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.

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 MILBANK AREA 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, 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 DELLS AREA HEALTH 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.

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 FLANDREAU 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.

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 HAND COUNTY 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

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 MCKENNAN	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 GREGORY HEALTHCARE 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 MILBANK AREA 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
AVERA DELLS AREA HEALTH 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 FLANDREAU 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 HAND COUNTY 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 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

_____

	Name and address	Type of Facility (describe)
1	1 - AVERA MCKENNAN BEHAVIORAL HEALTH CENTER 4400 W 69TH ST SIOUX FALLS,SD 57108	INPATIENT & OUTPATIENT BEHAVIORAL HEALTH SERVICES
1	2 - AVERA PLAZA 2 PHARMACY 1301 S CLIFF AVENUE SIOUX FALLS,SD 57105	RETAIL PHARMACY
2	3 - CORE ORTHOPEDICS AVERA MEDICAL GROUP 2908 EAST 26TH STREET SIOUX FALLS,SD 57103	ORTHOPEDIC CLINIC
3	4 - AVERA PRINCE OF PEACE 4500 S PRINCE OF PEACE PLACE SIOUX FALLS,SD 57103	SKILLED NURSING FACILITY
4	5 - AVERA MCKENNAN HOME INFUSION 1020 S CLIFF AVENUE SIOUX FALLS,SD 57105	COMPREHENSIVE HOME INFUSION THERAPIES & SUPPLIES
5	6 - MCKENNAN REGIONAL LABORATORY 1325 S CLIFF AVENUE SIOUX FALLS,SD 57105	LABORATORY SERVICES
6	7 - AVERA MEDICAL GROUP MATERNAL FETAL MED 1417 SOUTH CLIFF AVENUE SUITE 100 SIOUX FALLS,SD 57105	HIGH-RISK PREGNANCY CARE CLINIC
7	8 - AVERA MEDICAL GROUP WORTHINGTON 508 TENTH STREET WORTHINGTON,MN 56187	PRIMARY CARE CLINIC
8	9 - AVERA MEDICAL GROUP PEDIATRIC SPECIALIST 1417 S CLIFF AVENUE SUITE 010 SIOUX FALLS,SD 57105	PEDIATRIC SPECIALTIES CLINIC
9	10 - AVERA MCKENNAN HOSP & UNIV CAMPUS PHARM 1325 S CLIFF AVENUE SIOUX FALLS,SD 57105	RETAIL PHARMACY
10	11 - AVERA MCKENNAN FITNESS CENTER 3400 S SOUTHEASTERN DRIVE SIOUX FALLS,SD 57105	FITNESS CENTER
11	12 - AVERA ROSEBUD COUNTRY CARE CENTER 300 PARK AVENUE GREGORY,SD 57533	SKILLED NURSING FACILITY
12	13 - AVERA MEDICAL GROUP WINDOM 820 - 2ND AVENUE WINDOM,MN 56101	PRIMARY CARE CLINIC
13	14 - AVERA 69TH STREET PHARMACY - BEHAVIORAL 4400 W 69TH ST SUITE 300 SIOUX FALLS,SD 57108	RETAIL PHARMACY
14	15 - AVERA MEDICAL GROUP SIBLEY 600-9TH AVENUE NORTH SIBLEY,IA 51249	PRIMARY CARE CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

	Name and address	Type of Facility (describe)
16	16 - LAUREL OAKS APARTMENTS 4510 S PRINCE OF PEACE PLACE SIOUX FALLS,SD 57103	INDEPENDENT LIVING APARTMENTS
1	17 - AVERA MEDICAL GROUP COMPREHENSIVE BREAST 1000 EAST 23RD STREET SUITE 360 SIOUX FALLS,SD 57105	SPECIALTY CLINIC
2	18 - AVERA RESEARCH INSTITUTE 2020 S NORTON AVE SIOUX FALLS,SD 57105	CLINICAL RESEARCH STUDIES
3	19 - AVERA MEDICAL GROUP OCCUPATIONAL MED 4928 NORTH CLIFF AVENUE SIOUX FALLS,SD 57104	BUSINESS AND CORPORATE HEALTH CARE CLINIC
4	20 - AVERA DERMATOLOGY PHARMACY 6701 SOUTH MINNESOTA AVENUE SIOUX FALLS,SD 57108	RETAIL PHARMACY
5	21 - AVERA MEDICAL GROUP WOMEN'S MIDLIFE CARE 911 EAST 20TH STREET - SUITE 200 SIOUX FALLS,SD 57105	WOMEN'S SERVICES CLINIC
6	22 - AVERA INSTITUTE FOR HUMAN GENETICS 4400 W 69TH ST SUITE 200 SIOUX FALLS,SD 57108	GENETIC RESEARCH PROGRAM
7	23 - AVERA MEDICAL GROUP LARCHWOOD 916 HOLDER STREET PO BOX 8 LARCHWOOD,IA 51241	PRIMARY CARE CLINIC
8	24 - AVERA MEDICAL GROUP MCGREEVY SALEM 740 SOUTH HILL SALEM,SD 57058	PRIMARY CARE CLINIC
9	25 - HEALTH CARE CLINIC 300 NORTH DAKOTA AVENUE SUITE 117 SIOUX FALLS,SD 57104	FREE HEALTHCARE CLINIC
10	26 - AVERA MEDICAL GROUP BIG STONE CITY 451 MAIN STREET BIG STONE CITY,SD 57216	PRIMARY CARE CLINIC
11	27 - HEGG MEDICAL CLINIC AVERA 2121 HEGG DRIVE ROCK VALLEY,IA 51247	PRIMARY CARE CLINIC
12	28 - CURAQUICK AVERA CLINIC 3000 S MINNESOTA AVE SIOUX FALLS,SD 57105	PRIMARY CARE CLINIC
13	29 - YORKSHIRE EYE CLINIC 2311 YORKSHIRE DRIVE BROOKINGS,SD 57006	OPHTHALMOLOGY AND OPTOMETRY CLINIC
14	30 - AVERA MEDICAL GROUP OPTOMETRY 702 TENTH STREET WORTHINGTON,MN 56187	OPHTHALMOLOGY AND OPTOMETRY CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

	Name and address	Type of Facility (describe)
31	31 - AVERA MEDICAL GROUP ESTHERVILLE 926 NORTH 8TH STREET ESTHERVILLE,IA 51334	PRIMARY CARE CLINIC
1	32 - AVERA MEDICAL GROUP CHAMBERLAIN 101 SOUTH FRONT PO BOX 27 CHAMBERLAIN,SD 57325	PRIMARY CARE CLINIC
2	33 - RURAL MEDICAL CLINICS 301 SOUTH WALNUT STREET FREEMAN,SD 57029	PRIMARY CARE CLINIC
3	34 - COMMUNITY BLOOD BANK 1301 SOUTH CLIFF AVENUE SUITE 3 SIOUX FALLS,SD 57105	COMMUNITY BLOOD SERVICES
4	35 - PIPESTONE MEDICAL GROUP AVERA 920 - 4TH AVENUE SW PIPESTONE,MN 56164	PRIMARY CARE CLINIC
5	36 - AVERA MEDICAL GROUP BUTTE 730 WILSON STREET BUTTE,NE 68722	SATELLITE PRIMARY CARE CLINIC
6	37 - AVERA MEDICAL GROUP ELKTON 203 ELK STREET ELKTON,SD 57026	SATELLITE PRIMARY CARE CLINIC
7	38 - AVERA MEDICAL GROUP FULDA 201 N ST PAUL AVENUE FULDA,MN 56131	SATELLITE PRIMARY CARE CLINIC
8	39 - AVERA MEDICAL GROUP LAKEFIELD 221 - 3RD AVENUE LAKEFIELD,MN 56150	SATELLITE PRIMARY CARE CLINIC
9	40 - AVERA MEDICAL GROUP VOLGA 210 KASAN AVENUE VOLGA,SD 57071	SATELLITE PRIMARY CARE CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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
See Additional Data Table							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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
(1) SCHOLARSHIPS	22	55,000			
(2) ASSISTANCE WITH MEDICAL EXPENSES	2434	292,402			

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 GOVERNING BOARD AND MANAGEMENT DEVELOP PROGRAMS WHICH ENHANCE THE CHARITABLE MISSION OF THE ORGANIZATION DISBURSEMENT FOR GRANTS OR ASSISTANCE FOR THESE PROGRAMS ARE MADE IN ACCORDANCE WITH PRESCRIBED PROCEDURES AND ARE SUBJECT TO CONDITIONS ESTABLISHED BY THE ORGANIZATION'S GOVERNING BOARD AND MANAGEMENT, WHICH ARE DESIGNED TO ENSURE THAT INDIVIDUALS AND ORGANIZATIONS RECEIVING GRANTS OR ASSISTANCE ARE ADEQUATELY INVESTIGATED TO ENSURE THAT THEY ARE QUALIFIED RECIPIENTS

Additional Data

Software ID:
Software Version:
EIN: 46-0224743
Name: AVERA MCKENNAN

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
EAST AFRICA MEDICAL ASSISTANCE FOUNDATION 400 S FOURTH ST STE 401-225 MINNEAPOLIS,MN 55415	36-3412789	501(C)(3)	10,000				DONATION
MARCH OF DIMES 1000 NORTH WEST AVENUE SUITE 230 SIOUX FALLS,SD 57104	13-1846366	501(C)(3)	20,000				DONATION
SOUTH DAKOTA DEPARTMENT OF HEALTH - ALL WOMEN COUNT 615 E 4TH STREET PIERRE,SD 57501	46-6000364	STATE OF SD	15,000				DONATION

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
RONALD MCDONALD HOUSE 2001 S NORTON SIOUX FALLS,SD 57105	46-0371152	501(C)(3)		175,827	FMV	RENTED SPACE	DONATION
AVERA HEALTH 3900 W AVERA DR SIOUX FALLS,SD 57108	46-0422673	501(C)(3)	13,054				DONATION

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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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured 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 MCKENNAN 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: 46-0224743
Name: AVERA MCKENNAN

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				
1DAVID KAPASKA DO PRESIDENT & CEO	(I)	0	0	0	0	0	0	0
	(II)	660,694	0	192,651	18,750	- 21,772	- 893,867	0
1AMY KRIE MD BOARD TRUSTEE	(I)	742,021	0	2,190	20,900	1,248	766,359	0
	(II)	0	0	0	0	- 0	- 0	0
2RICK KOOIMA MD BOARD TRUSTEE	(I)	311,687	0	2,549	20,900	23,982	359,118	0
	(II)	0	0	0	0	- 0	- 0	0
3JENNIFER MCKAY MD CHIEF OF STAFF	(I)	0	0	0	0	0	0	0
	(II)	254,902	0	117	13,945	- 542	- 269,506	0
4JULIE N NORTON SEC/TREAS & SRVP FINANCE	(I)	442,123	0	1,493	20,900	23,982	488,498	0
	(II)	0	0	0	0	- 0	- 0	0
5LORI POPKES SR VICE PRESIDENT	(I)	225,095	0	1,097	18,611	23,432	268,235	0
	(II)	0	0	0	0	- 0	- 0	0
6DAVID FLICEK CHIEF ADMINISTRATIVE OFFICE	(I)	0	0	0	0	0	0	0
	(II)	463,514	0	128,694	13,450	- 23,480	- 629,138	0
7STEVE PETERSEN AVP-PHARMACY	(I)	0	0	0	0	0	0	0
	(II)	234,517	0	772	13,103	- 14,943	- 263,335	0
8MARY LEEDOM AVP-SURGERY	(I)	183,200	0	1,633	10,992	0	195,825	0
	(II)	0	0	0	0	- 0	- 0	0
9CURT HOHMAN SR VICE PRESIDENT	(I)	310,753	0	1,625	20,900	8,145	341,423	0
	(II)	0	0	0	0	- 0	- 0	0
10JUDY BLAUWET SR VICE PRESIDENT UNTIL 10/24/15	(I)	320,841	0	11,198	15,600	9,045	356,684	0
	(II)	0	0	0	0	- 0	- 0	0
KELLY MCCAUL MD ABIM **11**FRCPC HEMATOLOGY, TRANSPLANTATION	(I)	1,116,538	0	5,490	20,900	9,265	1,152,193	0
	(II)	0	0	0	0	- 0	- 0	0
12HENDRIK KLOPPER MD NEUROSURGERY	(I)	1,158,613	0	2,779	20,900	21,876	1,204,168	0
	(II)	0	0	0	0	- 0	- 0	0
13BRIAN KNUTSON MD DERMATOLOGY	(I)	1,260,855	0	4,640	20,900	21,876	1,308,271	0
	(II)	0	0	0	0	- 0	- 0	0
14STEVEN CONDRON MD GASTROENTEROLOGY	(I)	1,482,151	0	4,388	20,900	24,426	1,531,865	0
	(II)	0	0	0	0	- 0	- 0	0
15JEFFERY STEERS MD TRANSPLANT	(I)	1,065,075	0	10,903	20,900	23,982	1,120,860	0
	(II)	0	0	0	0	- 0	- 0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) JEFFERY STEERS MD	EMPLOYEE	COMMUNITY NEEDS LOAN		X	250,000	112,500		No	Yes		Yes	
Total		▶ $				112,500						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 46-0224743
Name: AVERA MCKENNAN

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MICHAEL BENDER	BOARD MEMBER	189,724	OWNS PROPERTY THAT AVERA MCKENNAN LEASES		No
(2) CHRISTIANE MAROUN	FAMILY OF BOARD MEMBER	138,068	EMPLOYEE COMPENSATION		No
(3) VINCENTA ROSSING	FAMILY OF BOARD MEMBER	53,117	EMPLOYEE COMPENSATION		No
(4) MATTHEW LEEDOM	FAMILY OF KEY EMPLOYEE	71,855	EMPLOYEE COMPENSATION		No
(5) SARAH KAPPEL	FAMILY OF KEY EMPLOYEE	91,487	EMPLOYEE COMPENSATION		No
(6) KATHERINE SMIDT	FAMILY OF BOARD MEMBER	134,981	EMPLOYEE COMPENSATION		No
(7) ALLISON CHRISTENSEN	FAMILY OF KEY EMPLOYEE	50,942	EMPLOYEE COMPENSATION		No
(8) VICTORIA PETERSEN	FAMILY OF KEY EMPLOYEE	44,487	EMPLOYEE COMPENSATION		No
(9) ASHLEY STEFFEN	FAMILY OF KEY EMPLOYEE	66,497	EMPLOYEE COMPENSATION		No
(10) DEANN MATTHIESSEN	FAMILY OF KEY EMPLOYEE	44,085	EMPLOYEE COMPENSATION		No
(11) RICHARD CRAWFORD	FAMILY OF BOARD MEMBER	301,586	EMPLOYEE COMPENSATION		No
(12) NICK CHRISTENSEN	FAMILY OF KEY EMPLOYEE	59,769	EMPLOYEE COMPENSATION		No
(13) KATHY KOOIMA	FAMILY OF BOARD MEMBER	33,446	EMPLOYEE COMPENSATION		No
(14) KRISTY MICKELSON	FAMILY OF KEY EMPLOYEE	46,768	EMPLOYEE COMPENSATION		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential	X	4	1,485,000	APPRAISAL
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INFORMATION AND ASSISTANCE AVERA MCKENNAN OPERATES A 24-HOUR MEDICAL CALL CENTER, THROUGH WHICH PATIENTS HAVE ACCESS TO THE ASK-A-NURSE PROGRAM PATIENTS CAN CALL A TOLL-FREE NUMBER AND TALK PERSONALLY WITH A REGISTERED NURSE TO ASK HEALTH QUESTIONS OR RECEIVE GENERAL HEALTH INFORMATION IN 2016, THE MEDICAL CALL CENTER HANDLED 145,086 CALLS AVERA MCKENNAN'S WEB SITE ALSO PROVIDES AN EXTENSIVE HEALTH LIBRARY THAT CONSUMERS CAN ACCESS FREE OF CHARGE INTERPRETER SERVICE AVERA MCKENNAN EMPLOYS TWO FULL-TIME SPANISH INTERPRETERS IN-HOUSE, AND THEIR SERVICES ARE OFFERED TO PATIENTS FREE OF CHARGE IN ADDITION, IN COOPERATION WITH EXTERNAL AGENCIES, AVERA MCKENNAN IS ABLE TO HANDLE 210 DIFFERENT LANGUAGES AND DIALECTS THROUGH PHONE, VIDEO REMOTE INTERPRETING AND OTHER MEANS INTERPRETATION SERVICES ARE AVAILABLE FOR PATIENTS WHEN THEY ARE AT AVERA MCKENNAN IN PERSON, OR WHEN THEY CALL BY PHONE ALL THE ABOVE SERVICES ARE PROVIDED AT NO COST TO THE PATIENT PRENATAL AND DELIVERY CARE BECAUSE EARLY AND REGULAR PRENATAL CARE IS IMPORTANT TO PREVENT PREMATURE BIRTH, AVERA MCKENNAN COLLABORATES IN A COMMUNITY EFFORT TO PROVIDE OBSTETRICS CARE FOR WOMEN WHO DO NOT QUALIFY FOR MEDICAID, BUT CANNOT AFFORD HEALTH INSURANCE THE PROGRAM OFFERS PRENATAL CARE, AND HOSPITAL LABOR AND DELIVERY SERVES FOR A LOW FEE OF $1,000 WOMEN RECEIVE CARE WHETHER THEY CAN COVER ANY OR ALL OF THE FEE CARE IS PROVIDED PRIMARILY BY FIRST-YEAR FAMILY PRACTICE RESIDENTS, SUPERVISED BY EXPERIENCED PHYSICIANS THROUGH THIS PROGRAM IN 2016, AVERA MCKENNAN ASSISTED WITH 98 BIRTHS AND PROVIDED 872 PRENATAL AND POST-PARTUM VISITS TRANSPORT TO TRANSPLANT AVERA MCKENNAN DEVELOPED THE TRANSPORT TO TRANSPLANT PROJECT, WHICH REMOVES TRANSPORTATION BARRIERS FOR PATIENTS FROM RURAL AREAS WHICH MAY PREVENT THEM FROM COMPLETING THE EVALUATION AND TESTING NEEDED FOR KIDNEY AND/OR PANCREAS TRANSPLANT A VAN FUNDED THROUGH A GRANT FROM THE AVERA MCKENNAN FOUNDATION IS USED TO TRANSPORT PATIENTS WHO DEMONSTRATE A FINANCIAL NEED PATIENTS ARE BROUGHT TO THE AVERA TRANSPLANT INSTITUTE FOR A CONDENSED MULTI-DAY EVALUATION WITH ALL TESTING AND VISITS COMPLETED IN LESS THAN ONE WEEK ULTIMATELY, THE PROJECT RESULTS IN IMPROVED MORBIDITY AND MORTALITY, AS KIDNEY TRANSPLANT DOUBLES PATIENT SURVIVAL AS COMPARED TO REMAINING ON DIALYSIS AVERA FAMILY WELLNESS THIS PROGRAM COMBINES POSITIVE ACTIVITIES LIKE VIOLIN LESSONS WITH FAMILY COACHING AT NO CHARGE FOR CHILDREN IN EARLY CHILDHOOD PROGRAMS IN THE SIOUX FALLS SCHOOL DISTRICT THE GOAL IS TO PREVENT OR LESSEN THE EFFECTS OF BEHAVIORAL HEALTH CONDITIONS ON CHILDREN AND FAMILIES BY FOSTERING A POSITIVE ENVIRONMENT OVER 400 STUDENTS AND THEIR FAMILIES ARE ENROLLED THE WALSH FAMILY VILLAGE THIS HOSPITALITY HOUSE COMPLEX ADJACENT TO THE AVERA MCKENNAN CAMPUS PROVIDES A HOME AWAY FROM HOME FOR PATIENTS AND THEIR FAMILIES WHO COME FOR CARE AT AVERA MCKENNAN FROM OUTSIDE OF SIOUX FALLS THE PROJECT WAS FUNDED BY DONATIONS AND IS OPERATED BY AVERA MCKENNAN ELEVEN GUEST ROOMS ARE AVAILABLE AVERA MCKENNAN ALSO DONATES USE OF A BUILDING IN THE COMPLEX FOR A RONALD MCDONALD HOUSE FOR FAMILIES OF PEDIATRIC PATIENTS IF THEY CAN AFFORD IT, GUESTS ARE CHARGED A LOW FEE OF $55 PER NIGHT GUESTS ARE NOT TURNED AWAY DUE TO INABILITY TO PAY THE FEE EMPLOYEES REGULARLY DONATE NON-PERISHABLE FOOD ITEMS TO STOCK A FOOD PANTRY FOR GUESTS IN FY2016, THE WALSH FAMILY VILLAGE SERVED 6,448 GUESTS, STAYING IN 4,026 NIGHTLY ROOMS AN 85 PERCENT OCCUPANCY AVERA MCKENNAN PROVIDES A SUBSIDY OF APPROXIMATELY $176,000 PER YEAR TO OPERATE THE HOSPITALITY COMPLEX PREVENTION AND SUPPORT OF SUBSTANCE USE DISORDER AVERA MCKENNAN IS A PARTNER WITH FACE IT TOGETHER SIOUX FALLS, A NONPROFIT ORGANIZATION WHICH SERVES AS THE LOCAL FACE AND VOICE FOR RECOVERY FROM ADDICTION THROUGH ITS RECOVERY SUPPORT SERVICES, ADVOCACY AND AWARENESS PROGRAMS AVERA HAS BEEN A PARTNER WITH FACE IT TOGETHER SINCE ITS INCEPTION, AND IN A RECENT AWARENESS CAMPAIGN COMMUNITY CONNECTIONS AVERA MCKENNAN REACHES OUT TO PEOPLE AND COMMUNITIES THROUGHOUT EASTERN SOUTH DAKOTA, SOUTHWESTERN MINNESOTA AND NORTHWEST IOWA THROUGH HOME TOWN CONNECTIONS PROVIDING A CRITICAL FEEDBACK LINK TO LOCAL REFERRING DOCTORS, THIS PROGRAM COMPLETES THE COMMUNICATIONS LINKS NECESSARY TO KEEP LOCAL HEALTH CARE PROVIDERS CURRENT ON THE TREATMENT OF THEIR PATIENTS AT AVERA MCKENNAN SUPPORT OF THE ARTS AND CULTURAL LIFE AVERA MCKENNAN HOSTS SIOUX FALLS' ONLY INDOOR SCULPTUREWALK, AN EXTENSION OF THE COMMUNITY'S DOWNTOWN SCULPTUREWALK ARTISTS DONATE SCULPTURES FOR ONE YEAR, WHICH ARE PLACED AT LOCATIONS THROUGHOUT AVERA MCKENNAN'S CAMPUS, IN BUILDINGS CONNECTED BY SKYWALKS BROCHURES CONTAIN A MAP, AND VISITORS WHO FOLLOW THE ROUTE SUGGESTED WALK APPROXIMATELY 1 MILE, MAKING THIS A HEALTHY AS WELL AS A CULTURAL JOURNEY DIABETES PROGRAMMING AVERA PARTICIPATES IN A COLLABORATIVE PROJECT WITH SIOUX FALLS PUBLIC SCHOOLS AND THE SOUTH DAKOTA BOARD OF NURSING TO IMPLEMENT ECONSULT SERVICES WITH DIABETIC EDUCATION SPECIALISTS MONITORING MEDICATIONS AND THE HEALTH OF CHILDREN WITH DIABETES IN THE SCHOOL SETTING AVERA MCKENNAN DIABETES EDUCATORS PROVIDED CLASSES AND ONE-ON-ONE CONSULTATIONS AT A LOSS OF $115,000 IN THE PAST FISCAL YEAR COMMUNITY BENEFITS AVERA MCKENNAN PROVIDES ADDITIONAL COMMUNITY BENEFITS INCLUDING SUPPORT OF YOUTH PROGRAMS, HOMELESS PROGRAMS, COMMUNITY ARTS PROGRAMMING, HEALTH PREVENTION, AWARENESS AND EDUCATION ABOUT CANCER, HEART DISEASE AND OTHER CONDITIONS, AND SUPPORT OF THE SIOUX EMPIRE UNITED WAY AND OTHER SERVICES IN THE REGION PRESCHOOL VISION AND HEARING SCREENING AVERA MCKENNAN PROVIDED FREE SCREENING FOR 254 PRESCHOOL CHILDREN IN FISCAL YEAR 2016

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	GENE JONES JR AND CINDY WALSH HAVE A BUSINESS RELATIONSHIP

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	AVERA MCKENNAN DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CEO, CFO, AND ASSISTANT VP OF FINANCIAL REPORTING AFTER THE INITIAL REVIEW, A DRAFT IS PROVIDED TO THE FINANCE COMMITTEE FOR THEIR REVIEW THE APPROVED RETURN IS PROVIDED TO FULL BOARD PRIOR TO FILING

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE CEO IS COMPENSATED BY AVERA HEALTH SYSTEM 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 FOR COMPENSATION 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 CFO AND KEY EMPLOYEES ARE COMPENSATED BY AVERA MCKENNAN ANNUALLY, THE COMPENSATION COMMITTEE OF AVERA MCKENNAN, WHICH IS COMPRISED OF BOARD MEMBERS, MEETS TO REVIEW THE COMPENSATION OF EXECUTIVES AND PHYSICIANS AVERA MCKENNAN COMPARES ITS COMPENSATION PLAN TO OTHER HEALTHCARE ORGANIZATIONS SIMILAR IN SIZE AND COMPLEXITY TO AVERA MCKENNAN ON A NATIONAL BASIS TO ENSURE COMPENSATION IS COMPARABLE. AVERA MCKENNAN UTILIZES MULTIPLE SALARY SURVEYS AND AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE A MARKET ANALYSIS FOR EACH EXECUTIVE'S SUGGESTED PAY OR PAY RANGE. INDIVIDUAL SALARIES REFLECT RELATED EDUCATION AND EXPERIENCE, AS WELL AS THE SCOPE OF THE DUTIES TO ASSURE AMOUNTS PAID ARE REASONABLE

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 16B	THERE IS NO WRITTEN POLICY OR PROCEDURE REQUIRING THE ORGANIZATION TO EVALUATE ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS 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 MUST BE APPROVED BY THE BOARD AND THE MEMBER

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEDICAL FEES PROGRAM SERVICE EXPENSES 8,579,784 MANAGEMENT AND GENERAL EXPENSES 139,374 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,719,158 FFS OTHER PROGRAM SERVICE EXPENSES 57,472,770 MANAGEMENT AND GENERAL EXPENSES 82,730,080 FUNDRAISING EXPENSES 78,010 TOTAL EXPENSES 140,280,860 CONSULTING SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 150,000 TOTAL EXPENSES 150,000 RESEARCH EXPENSES PROGRAM SERVICE EXPENSES 3,782,789 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,782,789

Return Reference	Explanation
FORM 990, PART X, LINE 20	THE ISSUE PRICE INCLUDES THE FILING ORGANIZATION'S SHARE OF THE ENTIRE BOND ISSUE, WHICH WAS ISSUED TO AVERA HEALTH ON BEHALF OF THE AVERA OBLIGATED GROUP THE AVERA OBLIGATED GROUP CONSISTS OF AVERA HEALTH, AVERA MCKENNAN, AVERA ST LUKE'S, AVERA QUEEN OF PEACE, AVERA SACRED HEART, AVERA ST MARY'S AND AVERA MARSHALL IN ACCORDANCE WITH IRS INSTRUCTIONS, INFORMATION RELATED TO THE TAX EXEMPT BOND REPORTING IS BEING REPORTED ON AVERA HEALTH'S TAX RETURN (EIN 46-0422673)

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERS, NET -37,638,937 OTHER CHANGES IN UNRESTRICTED NET ASSETS 1,004,004

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE OF AVERA HEALTH, THE PARENT ORGANIZATION OF AVERA MCKENNAN, SELECTS THE AUDITOR AND REVIEWS THE AUDITED FINANCIAL STATEMENTS FOR AVERA MCKENNAN ALSO, THE FINANCE COMMITTEE AT AVERA MCKENNAN TAKES RESPONSIBILITY FOR REVIEWING THE AUDITED FINANCIAL STATEMENTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AVERA MCKENNAN

Employer identification number
46-0224743

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SIOUX FALLS HOSPITAL MANAGEMENT LLC 1325 S CLIFF AVE PO BOX 5045 SIOUX FALLS, SD 571175045 56-2141521	MANAGEMENT COMPANY OF HEART HOSPITAL	NC	6,003,852	20,186,824	WEST 69TH STREET LLC
(2) WEST 69TH STREET LLC 1325 S CLIFF AVE PO BOX 5045 SIOUX FALLS, SD 571175045 46-0224743	HOLDING COMPANY	SD	6,003,852	20,186,824	AVERA MCKENNAN
(3) ALUMEND LLC 1325 S CLIFF AVE PO BOX 5045 SIOUX FALLS, SD 571175045 46-0224743	RESEARCH AND DEVELOPMENT	SD	-3,779,017	1,547,985	AVERA MCKENNAN
(4) MRIS LLC 1325 S CLIFF AVE PO BOX 5045 SIOUX FALLS, SD 571175045 47-0874983	HEALTHCARE SERVICES	SD	0	0	AVERA MCKENNAN

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
ACCOUNTS MANAGEMENT **(1)**INC 5132 S CLIFF AVE SUITE 101 SIOUX FALLS, SD 57108 46-0373021	COLLECTION AGENCY	SD	N/A	C					No
AVERA PROPERTY **(2)**INSURANCE INC 610 W 23RD ST STE 1 PO BOX 38 YANKTON, SD 57078 46-0463155	INSURANCE	SD	N/A	C					No
(3)VALLEY HEALTH SERVICES 501 SUMMIT STREET YANKTON, SD 57078 46-0357149	RENTAL REAL ESTATE	SD	N/A	C					No
(4)ALUCENT MEDICAL INC 1325 S CLIFF AVENUE PO BOX 5045 SIOUX FALLS, SD 571175045 47-1818349	BIOTECHNOLOGY	SD	ALUMEND LLC	C	-3,080,245		100 000 %	Yes	
(5) SOUTH DAKOTA STATE MEDICAL HOLDING COMPANY INC 2600 W 49TH STREET SIOUX FALLS, SD 57105 46-0401087	INSURANCE	SD	N/A	C					No
(6) DAKOTACARE ADMINISTRATIVE SERVICES INC 2600 W 49TH STREET SIOUX FALLS, SD 57105 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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC	R	3,100,665	INTERCOMPANY DETAIL FROM GL
(2) AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC	S	11,165,628	INTERCOMPANY DETAIL FROM GL
(3) AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC	L	2,028,292	INTERCOMPANY DETAIL FROM GL
(4) AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC	Q	770,788	INTERCOMPANY DETAIL FROM GL

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, LINE 2, COLUMN C	THE AMOUNTS REPORTED IN COLUMN C ARE REPORTED BASED ON A REVIEW OF GENERAL LEDGER ACTIVITY IN INTERCOMPANY ACCOUNTS, AND REVIEW OF EQUITY ACCOUNTS FOR CONTRIBUTIONS AND DISTRIBUTIONS
FORM 990, SCHEDULE R, PART II,	IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS 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
FORM 990, SCHEDULE R, PART III,	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP 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 AT HOME

Additional Data

Software ID:
Software Version:
EIN: 46-0224743
Name: AVERA MCKENNAN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AVERA ST ANTHONY'S HOSPITAL 300 N 2ND STREET ONEILL, NE 68763 47-0463911	HEALTHCARE SERVICES	NE	501(C)(3)	LINE 3	AVERA HEALTH		No
AVERA HOLY FAMILY 826 NORTH 8TH STREET ESTHERVILLE, IA 51334 42-0680370	HEALTHCARE SERVICES	IA	501(C)(3)	LINE 3	AVERA HEALTH		No
AVERA HOLY FAMILY FOUNDATION 826 NORTH 8TH STREET ESTHERVILLE, IA 51334 42-1317452	FUNDRAISING	IA	501(C)(3)	LINE 9	AVERA HOLY FAMILY		No
ST BENEDICT HEALTH CENTER 401 WEST GLYNN DRIVE PARKSTON, SD 57366 46-0226738	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
ST BENEDICT HEALTH CENTER FOUNDATION WEST GLYNN DRIVE PO BOX B PARKSTON, SD 57366 46-0458725	SUPPORT HEALTH RELATED SERVICES	SD	501(C)(3)	LINE 11A, I	ST BENEDICT HEALTH CENTER		No
AVERA HEALTH 3900 WEST AVERA DRIVE STE 300 SIOUX FALLS, SD 57108 46-0422673	PROMOTION OF HEALTH	SD	501(C)(3)	LINE 9	N/A		No
AVERA QUEEN OF PEACE 525 NORTH FOSTER MITCHELL, SD 57301 46-0224604	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
SACRED HEART HEALTH SERVICES 501 SUMMIT STREET YANKTON, SD 57078 46-0225483	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
AVERA GETTYSBURG 606 EAST GARFIELD GETTYSBURG, SD 57442 46-0234354	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA ST MARY'S		No
AVERA AT HOME 5116 S SOLBERG AVE SIOUX FALLS, SD 57108 46-0399291	HOME SERVICES	SD	501(C)(3)	LINE 9	AVERA HEALTH		No
LEWIS AND CLARK HEALTH EDUCATION AND SERVICE AGENCY 1000 W 4TH STREET SUITE 9 YANKTON, SD 57078 46-0337013	HEALTHCARE EDUCATION	SD	501(C)(3)	LINE 9	SACRED HEART HEALTH SERVICES		No
AVERA ST LUKE'S 305 SOUTH STATE STREET ABERDEEN, SD 57401 46-0224598	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
AVERA ST MARY'S 801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
AVERA MARSHALL 300 S BRUCE STREET MARSHALL, MN 56258 41-0919153	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	AVERA HEALTH		No
AVERA MARSHALL FOUNDATION 300 SOUTH BRUCE STREET MARSHALL, MN 56258 41-1784801	FUNDRAISING	MN	501(C)(3)	LINE 7	AVERA MARSHALL		No
AVERA TYLER 240 WILLOW STREET TYLER, MN 56178 41-0853163	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	AVERA MARSHALL		No
AVERA HEALTH PLANS INC 3900 WEST AVERA DRIVE STE 300 SIOUX FALLS, SD 57108 46-0451539	HEALTH FINANCING AND HEALTH PLAN ADMIN	SD	501(C)(4)		AVERA HEALTH		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AVERA HOME MEDICAL EQUIPMENT OF FLOYD LLC 714 LINCOLN ST NE LEMARS, IA 51031 82-0582350	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT	SD	N/A									
AVERA HOME MEDICAL EQUIPMENT OF ESTHERVILLE LLC PO BOX 5045 SIOUX FALLS, SD 57117 20-1686097	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT	SD	N/A									
AVERA HOME MEDICAL EQUIPMENT OF SIOUX CENTER LLC 38 19TH ST SW SIOUX CENTER, IA 51250 75-3203100	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT	SD	N/A									
AVERA HOME MEDICAL EQUIPMENT OF MARSHALL LLC 1104 EAST COLLEGE DRIVE MARSHALL, MN 56258 20-5271924	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT	SD	N/A									
Q&M PROPERTIES LLC 525 NORTH FOSTER MITCHELL, SD 57301 73-1652049	MEDICAL CLINIC BUILDING	SD	AVERA QUEEN OF PEACE	EXCLUDED	-620	353,423		No			No	50 000 %
SURGICAL ASSOCIATES ENDOSCOPY CLINIC LLC 310 S PENNSYLVANIA ST ABERDEEN, SD 57401 46-0461429	SURGICAL ASSOCIATES	SD	N/A									
AVERA HME OF SPENCER HOSPITAL LLC 2400 S MINNESOTA AVENUE 102 SIOUX FALLS, SD 57117 80-0619999	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT	SD	N/A									
HEART HOSPITAL OF SOUTH DAKOTA LLC 4500 W 69TH STREET SIOUX FALLS, SD 57108 56-2143771	HEALTHCARE SERVICES	SD	AVERA MCKENNAN	RELATED	12,007,704	40,373,648		No			No	66 670 %
BROOKINGS HEALTH SYSTEM - AVERA HME LLC 101 22ND AVE SUITE 101 BROOKINGS, SD 57006 45-3204123	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT	SD	N/A									