Department of the Treasury

DLN: 93493135001418 OMB No 1545-0047

Open to Public

Return of Organization Exempt From Income Tax

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

▶ 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

Interna	l Reve	enue Service	F Information about	. Form 330 and its mistructions is at wi	VVV ING GOV/	101111990		Inspection
A F	or th	e 2016 ca		ning 07-01-2016 , and ending 06-	30-2017			
		ipplicable	C Name of organization AVERA MCKENNAN			D Employ	er identif	ication number
☑ Ad □ Na		change				46-022	4743	
☐ Ini	tıal re	_	Doing business as					
Fir Detur		minated	Number and street for D.O. havef ma	ıl ıs not delivered to street address) Room/:	- uto	E Telephor	ne number	
_		d return	1325 S CLIFF AVE PO BOX 5045	in is not delivered to street address) Rooms	suite	(605) 3	22-8000	
⊔ Ар	plicati	on pending	City or town, state or province, count	try, and ZIP or foreign postal code				
			SIOUX FALLS, SD 571175045			G Gross re	ceipts \$ 1,	037,316,496
			F Name and address of principal DAVID FLICEK	officer	H(a) Is	this a group re	turn for	
			1325 S CLIFF AVE PO BOX 5045			ibordinates? re all subordinat	-00	□Yes ☑No
T Ta	x-exer	mpt status	SIOUX FALLS, SD 571175045		⊣ `´։ո	cluded?		☐ Yes ☐No
			☑ 501(c)(3) ☐ 501(c)() ◄ (1	nsert no)	1	"No," attach a roup exemption	•	•
) W	ebsit	te:► ww	/W AVERAMCKENNAN ORG		"(c) G	roup exemption	number	P 0928
K Forr	n of o	rganization	☑ Corporation ☐ Trust ☐ Assoc	ciation ☐ Other ▶	L Year of f	ormation 1911	M State	of legal domicile SD
Pa	_	Sumi	mary cribe the organization's mission or	mant organisant activities				
a.			ON OF HEALTH	most significant activities				
Š	-							
Ĕ	-							
) O				continued its operations or disposed of				l
ు ×ఠ	l			g body (Part VI, line 1a)			3	20
<u>∞</u>	l		•	the governing body (Part VI, line 1b) endar year 2016 (Part V, line 2a)			5	7,913
Activities & Governance	l		• •	essary)			6	1,983
Act	l		·	VIII, column (C), line 12			7a	22,663,584
	ь	Net unrela	ated business taxable income from	Form 990-T, line 34			7b	6,568,194
						Prior Year		Current Year
<u>a</u> i	8	Contribut	ions and grants (Part VIII, line 1h)			5,933,	754	5,804,637
Rəvenue	l	-	service revenue (Part VIII, line 2g)			911,860,		997,538,670
ų.	l		nt income (Part VIII, column (A), I	3,301,	_	16,218,621		
	l		renue (Part VIII, column (A), lines l			1,606, 922,701,		2,254,411 1,021,816,339
	-		nd similar amounts paid (Part IX, co	st equal Part VIII, column (A), line 12)		636,		1,310,717
	l		paid to or for members (Part IX, co	, ,,		030,	0	1,310,717
ç	ı			nefits (Part IX, column (A), lines 5–10)		446,210,	437	491,407,050
nse	16a	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)		17,	835	181,520
Expenses	ь	Total fundr	aising expenses (Part IX, column (D), lin	ne 25) ▶1,439,889				
ū	17	Other exp	penses (Part IX, column (A), lines 1	l1a-11d, 11f-24e)		454,016,	043	488,841,065
	l		enses Add lines 13–17 (must equa			900,880,		981,740,352
. 0	19	Revenue	less expenses Subtract line 18 fro	m line 12		21,820,		40,075,987
Net Assets or Fund Balances					Begini	ning of Current Y	еаг	End of Year
ssel Bala	20	Total asse	ets (Part X, line 16)			885,040,	456	924,237,536
절절	21	Total liabi	ılıtıes (Part X, lıne 26)			333,331,	066	337,671,365
			s or fund balances Subtract line 2	1 from line 20		551,709,	390	586,566,171
Par			ature Block	ned this return, including accompanyin	a schodulos	and statement	s and to	the best of my
know	ledge	and belief		Declaration of preparer (other than of				
any k	nowle	edge						
		*****	k			2018-05-14		
Sign		Signatu	ure of officer			Date		
Here	•		NORTON SEC/TREAS & SR VP FINANCE r print name and title					
-		17	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	d		IM HUNWARDSEN CPA	KIM HUNWARDSEN CPA	2018-05-14		P00484560)
Pre		רו ⊢	ırm's name ► EIDE BAILLY LLP			Firm's EIN ► 45	-0250958	
Use		1 5.	ırm's address ▶ 800 NICOLLET MALL STE			Phone no (612)	253-6500	
		-	MINNEAPOLIS, MN 554	027033				
			this return with the preparer show	,			✓ Y	es 🗆 No
ror P	aper	work Red	duction Act Notice, see the sepa	arate instructions.	Cat N	lo 11282Y		Form 990 (2016)

Form	990 (2016)					Page 2
Par	t IIII Statemen	t of Program Servi	ce Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the	organızatıon's mıssıon				
					L OUR MISSION IS TO MAKE A GUIDED BY CHRISTIAN VALUE	
2	-	, ,	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990					🗌 Yes 🗹 No
		ese new services on S				
3	Did the organization	cease conducting, or	make significant	changes in how it condu	icts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Sched	ule O			
4	Section $501(c)(3)$ a		ions are required	to report the amount o	largest program services, as m f grants and allocations to othe	
4a	(Code) (Expenses \$	554,303,409	including grants of \$	1,287,393) (Revenue \$	741,665,241)
	See Additional Data					
4b	(Code) (Expenses \$	49,360,886	including grants of \$	9,298) (Revenue \$	64,917,362)
	See Additional Data					
4c	(Code) (Expenses \$	206,771,883	ıncludıng grants of \$	14,026) (Revenue \$	154,900,918)
	See Additional Data					
	(Code) (Expenses \$	12,319,306	ıncludıng grants of \$) (Revenue \$	13,393,227)
	LAB AND MOBILE SERN TREATMENTS AND PRE CANCER, ALZHEIMER'S IN THE AREA OF DEVEI APPLICATIONS THROU PHARMACOGENOMICS	/ICES MEDICAL RESEARCH VENTIVE MEASURES IN 2 5 DISEASE, BEHAVIORAL H LOPING A NOVEL PHOTOCI JGH ITS GENETICS LAB, A IN AREAS OF PAIN MANACI	I AS A RESEARCH I 017, THE AVERA RE IEALTH, DIABETES A HEMICAL TISSUE-BI VERA MCKENNAN IS GEMENT, BEHAVIOR	INSTITUTION, ÄVERA MCKEI ISEARCH INSTITUTE PARTIG AND MORE THE AVERA RES ONDING TECHNOLOGY THAT IS STUDYING CLINICAL APPL	VICES, HOME INFUSION, RESEARCH NNAN DRAWS PHYSICIANS WHO AR IPATED IN OVER 90 CLINICAL TRIA EARCH INSTITUTE ALSO CONTINUE F HAS VASCULAR, OPHTHALMOLOGI ICATIONS OF PERSONALIZED MEDIC LAR HEALTH, INTERNAL MEDICINE, 63	E COMMITTED TO SEEKING NEW LS AND REGISTRIES, INVOLVING S ONGOING APPLIED RESEARCH C AND DERMATOLOGICAL CINE THROUGH
4d	Other program serv	rices (Describe in Sche	dule O)			
	(Expenses \$	12,319,306 in	cluding grants of	\$) (Revenue \$ 1	3,393,227)
4e	Total program sei	rvice expenses >	822,755,4	84		

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

No

Nο

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Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

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for public office? If "Yes," complete Schedule C, Part I 💆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦

Yes

4 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	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	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

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33

34

35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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Nο

Nο

No

Νo

No

Nο

Nο

No

Νo

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔧 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 **

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

orm '	990 (2016)			Page !
Par	t 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	<u> </u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 475			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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	2b	Yes	
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)	20	res	
За	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)?	4-		
ь	If "Yes," enter the name of the foreign country	4a		No
	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?	6 a		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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
Qa.	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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			
c	Enter the amount of reserves on hand	1		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

-orm	990 (2	016)					Page 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	ule O		" respo	nse to li	
		Check if Schedule O contains a response or note to any line in this Part VI	•	<u> </u>			
Se	ction	A. Governing Body and Management			1		
1 a	Enter	the number of voting members of the governing body at the end of the tax year	1a	20		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	13			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	tionship with any other	2		No
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other			3		No
4	Did th	e organization make any significant changes to its governing documents since the	prior l	Form 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .	5		No
6	Did th	e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the power pers of the governing body?	to elec	t or appoint one or more	7a	Yes	
b	Are a perso	ny governance decisions of the organization reserved to (or subject to approval by one other than the governing body?	mem	bers, stockholders, or	7b	Yes	
8		e organization contemporaneously document the meetings held or written actions llowing	under	taken during the year by			
а	The g	overning body?			8 a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8b		No
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> C	canno	t be reached at the	9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ıred L	y the Internal Revenu	e Code	≘.)	
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has t form?	ne organization provided a complete copy of this Form 990 to all members of its go	vernin •	ig body before filing the	11a	Yes	
b	Descr	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually int	terests • •	that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the fule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did th	e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy?			14	Yes	
15	Dıd th perso	e process for determining compensation of the following persons include a reviewns, comparability data, and contemporaneous substantiation of the deliberation an	and ap	pproval by independent sion?			
а	The o	rganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	mılar a	errangement with a	16a	Yes	
b		s," did the organization follow a written policy or procedure requiring the organizat					
		it venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?		e organization's exempt	16b		No
Se	ction	C. Disclosure					
17		e States with which a copy of this Form 990 is required to be filed▶					
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ble for public inspection Indicate how you made these available. Check all that ap		990-T (501(c)(3)s only)			
	☑ (own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in So	chedul	e O)			
19	policy	be in Schedule O whether (and if so, how) the organization made its governing do , and financial statements available to the public during the tax year					
20	State ▶JUL	the name, address, and telephone number of the person who possesses the organ E NORTON 1325 S CLIFF AVE SIOUX FALLS, SD 571175045 (605) 322-8000	ızatıor	's books and records			

orm 990 (2	2016)	Page 7								
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									
La Complete	e 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

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

(B)

(A)

• 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

(C)

(D)

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

(F)

(E)

SURGICAL INSTITUTE OF SD PC

compensation from the organization ▶ 90

911 E 20TH ST 700 SIOUX FALLS, SD 57105

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

(A) (B) (C) (D) (E) (F)

Page 8

THE VIII	Section A. Officers, Direct	Jois, ilustees	, Key	rp	Cye	cs,	anu	<u>,g.</u>	Test compensati	ed Linbioyees	COITE	.mueu)	
	(A) Name and Title	(B) Average hours per week (list any hours	than c	one bo	ox, u an off	t che unles ficer	eck moss person and a cee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (compensa W- from th		ated of other sation the
		for related organizations below dotted line)	individual trustee or director	Institutio	Officer	Key employee	Highest o	Former	2/1099-MISC)	2/1099-MISC)	organızatı relatı organıza	ed
			d trustee or	Institutional Trustee		loyee	Highest compensate employee						
See Additiona	ıl Data Table				H		£	\vdash			-		
								\vdash			\top		
					\bigsqcup	<u> </u>	<u> </u>						
				-	H	 	 	igdash			+		
					H								
	-						<u> </u>				\perp		
c Total fro	tal	art VII, Section	nA.				*				\pm		
2 Total r	ndd lines 1b and 1c)	but not limited	to thos			bove	e) who	rece	8,742,827 eived more than \$1	2,043,74	4		432,845
												Yes	No
	e organization list any former o a? <i>If "Yes," complete Schedule J</i>									d employee on	3		No
organı	y individual listed on line 1a, is ization and related organizations dual									n the	4	Yes	
	ny person listed on line 1a receiv es rendered to the organization?									lividual for	5		No
Section	B. Independent Contracto	ors			_								
	lete this table for your five highe the organization Report compen										npen	sation	
		(A) and business addre	ess							(B) cription of services		(C Compen	sation
AVERA HEALTH									SHARED SE	RVICES		82,	,539,703
B900 WEST AV BIOUX FALLS,									CONSTRUC	TION		27	,054,048
PO BOX 2728									CONSTINCC	TION			,034,040
	SD 571072728 HOOL OF MEDICINE								PHYSICIAN	SERVICES		3,	,870,299
1400 W 22ND SIOUX FALLS,	ST 120 SD 571051505												
	ABORATORY LTD AVE SUITE 700								PATHOLOG	Y		1,	,935,187
SIOUX FALLS,	SD 571051019 STITUTE OF SD PC								MEDICAL D	IRECTOR &		1	815.576

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

1,815,576

MEDICAL DIRECTOR & PROFESSIONAL FEES

01111	-	(2010)										rage 3
Part '	VΙ			a recne	onse or note to any	ulina in th	aic Dart VIII	r				
		CHECK II SCHEUU	e O contains	a respo	onse of flote to any	(4	A) evenue	Rela ex	(B) ated or empt action	Ŀ	(C) Inrelated ousiness revenue	(D) Revenue excluded from tax under sections
	1.			I . I					/enue			512-514
হ হ		a Federated campaigi		1a	43,463							
ani		b Membership dues		1 b								
<u>5</u> <u>E</u>		c Fundraising events		1c								
ifts,		d Related organizatio	ns	1 d	3,376,603							
<u>i</u> 5 :≅		e Government grants (co	ontributions)	1e	359,655							
Sir		f All other contributions, and similar amounts no										
Contributions, Gifts, Grants and Other Similar Amounts		above 9 Noncash contribution in lines 1a-1f \$		1f	2,024,916							
Cont and	١.	h Total. Add lines 1a-1	f		•	5	,804,637					
					Business		,804,037	Т				
Program Service Revenue	28	a NET PATIENT SERVICE F	RF			622110	929,1	26,976	929,12	6,976		
4. V.	_	OTHER PATIENT AND CL				621500		19,601	23,54		20,170,	835
Se F		INCOME FROM SUBSIDI				423000	8,1	66,020	8,16	6,020		
er vi	c	INTEREST IN FOUNDATI	ON			900099	1,8	79,632	1,87	9,632		
Š	e	MEANINGFUL USE REVE	NUE			900099	ϵ	23,882	62	3,882		
grar	f	f All other program se	rvice revenue				14,0	22,559	14,02	2,559		
Pro	a	J Total. Add lines 2a-2f			9 97,	538,670						
		Investment income (in			nterest and other	1		1				
		similar amounts) .			•	· <u> </u>	103,88	7				103,887
	4	Income from investme	ent of tax-exe	mpt bo	ond proceeds	•						
	5	Royalties			•	•						
		- C	(ı) Rea		(II) Personal							
	62	a Gross rents	1,3	60,303								
	ı	b Less rental expenses	1,6	60,901								
		D		.00 500								
	•	c Rental income or (loss)	-3	00,598								
	•	d Net rental income of	r (loss)	•		7	-300,59	8				-300,598
			(ı) Securit	ies	(II) Other							
	78	a Gross amount from sales of assets other than inventory	29,9	53,990								
	ı	b Less cost or other basis and sales expenses	13,8	39,256								
	•	C Gain or (loss)	16,1	14,734								
	•	d Net gain or (loss) .		•	>		16,114,73	4				16,114,734
Other Revenue	82	a Gross income from fo (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of								
Re	ı	b Less direct expenses	s	b								
er	•	c Net income or (loss)	from fundrais	ing ev	ents							
Oth	98	Gross income from g See Part IV, line 19		es								
_		See Fare 10, mile 15		а	}							
	ı	b Less direct expense:	s	b		1						
	•	c Net income or (loss)	from gaming	activit	ies	_						
	10	aGross sales of invent returns and allowand	ory, less	a								
	ı	b Less cost of goods s	sold	b		1						
		c Net income or (loss)	from sales of	invent	ory >	_						
		Miscellaneous			Business Code							
	11	1aCOMMERCIAL TESTI	ING		62150	0	1,278,18	o 			1,278,180	
	ı	SPORTS PROGRAM			90009	9	1,214,56	P			1,214,569	
	•	A/R INTEREST INCO	ME		90009	9	62,26	0	62,260			
		d All other revenue .				+				\vdash		
	•	e Total. Add lines 11a	-11d		>		2 555 22					
	12	2 Total revenue. See	Instructions				2,555,00			+		
						1	,021,816,33	9	977,430,095	ō	22,663,584	15,918,023 Form 990 (2016)

and 16

b Legal .

c Accounting

4 Benefits paid to or for members

section 4958(c)(3)(B) .

9 Other employee benefits . 10 Payroll taxes . . .

11 Fees for services (non-employees) a Management . . .

d Lobbying

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

d UBI TAX

15 Royalties .

16 Occupancy

17 Travel .

14 Information technology

f Investment management fees .

7 Other salaries and wages

key employees .

444,913

38,198

53,868

32,408

181,520

77,772

126,618

164,063

26,690

190

810

3,774

970

269,803

1,439,889

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18,292

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15

Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401

(k) and 403(b) employer contributions) . .

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O) a MEDICAL SUPPLIES

c EQUIPMENT LEASE AND REN

b BAD DEBT EXPENSE

e All other expenses

q Other (If line 11q amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

ection 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 an	y 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) Fundraisingexpens							
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,030,692	1,030,692									
2 Grants and other assistance to domestic individuals See Part IV, line 22	280,025	280,025									

3,533,886

1,711,686

388,466,939

27,472,762

43,837,569

26,384,208

221.693

24,872

56,428

181,520

902,833

13,336,655

6,629,076

18,564,869

2,530,556

2,199,054

8,726,876

39,925,519

4,220,172

205,782,470

22,370,725

3,862,730

909,670

4,106,011

981,740,352

154,470,856

2,248,364

1,711,686

359,114,606

24,894,752

38,120,082

24,080,209

21,758

63,342,421

575,503

7,826,107

3,593,790

14,718,338

2,080,738

2,060,092

8,497,763

34,266,025

2,208,876

205,782,470

22,370,725

3,331,584

909,670

-310,792

822,755,484

1.285.522

28,907,420

2,539,812

5,663,619

2,271,591

199,935

24,872

56,428

91,050,663

200,712

5,346,485

3,008,596

3,846,341

431,526

138,152

229,113

5,655,720

2,011,296

530,176

4,147,000

157,544,979

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33 34

Net

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	28,776,240	2	30,650,368
3	Pledges and grants receivable, net	2,281,517	3	3,119,577
4	Accounts receivable, net	121,016,756	4	133,136,739
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	112,500	5	62,500
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	2.693.429	7	2 504 517

ş	_	voluntary employees' beneficiary organizations Part II of Schedule L	(see instructions) (Complete	2 222 422	ь	
Assets	7	Notes and loans receivable, net			2,693,429	7	
AS	8	Inventories for sale or use		<u> </u>	20,390,785	8	
•	9	Prepaid expenses and deferred charges		_	12,440,285	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	783,297,922			
	ь	Less accumulated depreciation	10b	401,417,667	381,897,606	10 c	
	11	Investments—publicly traded securities .			7,281,683	11	
	12	Investments—other securities See Part IV, line	11		226,728,566	12	
	13	Investments—program-related See Part IV, line	e 11		10,574,070	13	
	14	Intangible assets		[42,654,138	14	
	15	Other assets See Part IV, line 11		[28,192,881	15	
	16	Total assets.Add lines 1 through 15 (must equ	. [885,040,456	16		
	17	Accounts payable and accrued expenses		67,597,970	17		
	18	Grants payable			18		
	19	Deferred revenue		322,933	19		
	20	Tax-exempt bond liabilities		238,371,954	20		
ý	21	Escrow or custodial account liability Complete P		21			
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
gei		persons Complete Part II of Schedule L $$.		22			
Τ	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated	third parties .			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D	third parties,	27,038,209	25		
	26	Total liabilities. Add lines 17 through 25			333,331,066	26	
ces		Organizations that follow SFAS 117 (ASC 99 complete lines 27 through 29, and lines 33		▶ ☑ and			
lar	27	Unrestricted net assets			536,715,789	27	
Ba	28	Temporarily restricted net assets			11,819,039	28	
pu	29	Permanently restricted net assets			3,174,562	29	
Fu		Organizations that do not follow SFAS 117					
Assets or Fund Balances	30	check here ► ☐ and complete lines 30 th Capital stock or trust principal, or current funds			30		
set	31	Paid-in or capital surplus, or land, building or eq			31		
As	32	Retained earnings, endowment, accumulated in	come, or other fund	ds		32	
	l						

10,209,460 40,953,412 40.282.542 924,237,536 76,519,186 763,404 234,252,193

26.136.582

337,671,365

570,992,680

11,808,971

3,764,520

586,566,171

924,237,536 Form **990** (2016)

Page **11**

V

2.504.517 22,282,021 14,101,648

381,880,255 7,042,556 238,011,941

(B)

End of year

Beginning of year

551,709,390

885,040,456

33

34

Schedule O

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Nο

No

Form 990 (2016)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

EIN: 46-0224743

Name: AVERA MCKENNAN

Form 990 (2016)

Form 990, Part III, Line 4a:

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, LIVER, 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 WHOEVER COMES TO US FOR CARE REGARDLESS OF THEIR ABILITY TO PAY IN FISCAL YEAR 2017, SERVICES PROVIDED TO THOSE WHO ARE UNABLE TO PAY TOTALED \$44,766,000 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 POVERTY 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 \$260,525 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 2017 AVERA MCKENNAN HAD 22,837 HOSPITAL DISCHARGES, 122,495 PATIENT DAYS AND 309,886 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 33,746 EMERGENCY DEPARTMENT VISITS IN FY 2017 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 1.671 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 4.804 VISITS IN 2017, AND WAS OPERATED AT AN ANNUAL COST OF \$864,046 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 2017, AVERA MCKENNAN HAD 90 MEDICAL 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 OVER 90 UNPAID, PAID, AND NONPAID INTERNSHIPS IN 2017 IN THE AREAS OF RESEARCH, FINANCE, ADMINISTRATION, THERAPIES, EXERCISE SCIENCE AND SOCIAL WORK AVERA MCKENNAN IS CURRENTLY LEGALLY AFFILIATED WITH APPROXIMATELY 158 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 1 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 2 TO BE WELL FREE EDUCATION EVENTS WERE HELD ON TOPICS INCLUDING ORTHOPEDICS, CANCER, DIABETES, WEIGHT LOSS/HEALTHY EATING, MULTIPLE SCLEROSIS, ANXIETY AND ACUPUNCTURE 3 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 4 THE AVERA BÉHAVIORAL 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 5 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 2017, 86 CHILDBIRTH EDUCATION CLASSES WERE HELD WITH 480 ATTENDEES A TOTAL OF 7 PARENT AND FAMILY EDUCATION CLASSES WERE HELD WITH 89 ATTENDEES A TOTAL OF 86 CAR SEATS WERE ISSUED THROUGH THE SOUTH DAKOTA CHILD SAFETY SEAT DISTRIBUTION PROGRAM FREE BURN EDUCATION WAS PROVIDED TO 2,063 STUDENTS DURING PRESENTATIONS IN SCHOOLS 6 DAYCARE TRAINING FREE OF CHARGE, AVERA MCKENNAN OFFERS FOUR IN-SERVICE TRAINING SESSIONS PER MONTH TO DAYCARE PROVIDERS THROUGH EMBE, WITH A TOTAL OF 28 SCHEDULED ANNUALLY, AND ADDITIONAL SESSIONS FOR REQUESTED TOPICS SUPPORT GROUPS AVERA MCKENNAN OFFERS APPROXIMATELY 10 FREE SUPPORT GROUPS THEY RANGE IN TOPIC 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 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 2017, THE MEDICAL CALL CENTER HANDLED 152,205 CALLS AVERA MCKENNAN'S WEB SITE ALSO PROVIDES AN EXTENSIVE HEALTH LIBRARY THAT CONSUMERS CAN ACCESS FREE OF CHARGE

Form 990, Part III, Line 4b: 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 FOLLOWING 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 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 2017, CHARITY AND UNCOMPENSATED CARE PROVIDED BY RURAL HOSPITALS TOTALED \$1,278,000 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 2017, RURAL HOSPITALS HAD 1,786 DISCHARGES, 7,528 PATIENT DAYS AND 75,224

HOSPITALS TOTALED \$1,278,000 ACCESSIBILITY TO HEALTH CARE AVERA MICRIMIAN REGIONAL HOSPITALS MAKE MEDICAL CARE ACCESSIBLE TO THE LIVING.
COMMUNITY THEY SERVE REGARDLESS OF A PATIENT'S ABILITY TO PAY IN 2017, RURAL HOSPITALS HAD 1,786 DISCHARGES, 7,528 PATIENT DAYS AND 75,224
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

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

Form 990, Part III, Line 4c:

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 2017.

ABOVE AS PART OF AVERA MCKENNAN CLINIC VISITS IN 2017 TOTALED 1,107,015 CLINICS PROVIDE PRIMARY CARE AND URGENT CARE. AND AMONG SPECIALTIES ARE CARDIOLOGY, DERMATOLOGY, ENDOCRINOLOGY, GASTROENTEROLOGY, HEMATOLOGY, HEPATOLOGY, INFECTIOUS DISEASE, INTERNAL MEDICINE, NEONATOLOGY,

CHARITY AND UNCOMPENSATED CARE PROVIDED BY CLINICS TOTALED \$464.000 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 THIS PROVIDES GREATER ACCESSIBILITY WITHOUT HAVING TO RELY ON EMERGENCY ROOM CARE IN ADDITION, THROUGH OUR AVERANOW CLINICS, AVERA OFFERS CONVENIENT, AFFORDABLE CLINIC CARE IN PARTNERSHIP WITH LOCAL HYVEE PHARMACIES

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation amount of other compensation person is both an officer week (list from the from related compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W-2/1099organization and individual or directo X Officer Former Institutio organizations MISC) MISC) related below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

BOARD TRUSTEE

LUIS ROJAS MD

BOARD TRUSTEE

RICK KOOIMA MD

BOARD TRUSTEE

BOARD TRUSTEE

JENNIFER MCKAY MD

KAREN GARNAAS MD

CHIEF OF STAFF UNTIL DEC 2016

CHIEF OF STAFF AS OF JAN 2017

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SISTER JOAN REICHELT

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CHAIR	0 00	l					,		
HUGH VENRICK	2 00								

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CHAIR	0 00					,		
HUGH VENRICK	2 00	×		v		0	0	
VICE CHAIR	0 00	^		^				
DAVID KAPASKA DO	40 00	_		v		0	912,822	42,6
PRESIDENT & CEO	0 00	^		^			912,022	42,0

HUGH VENRICK	2 00			x			_	0	0
VICE CHAIR	0 00	^		^				0	
DAVID KAPASKA DO	40 00	×		Α.			0	912,822	42,634
PRESIDENT & CEO	0 00	*		^				312,022	+2,034
TOM BIEGLER	2 00	>						0	0
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BOARD TRUSTEE	0 00	^						0	ĺ
SISTER CARMELLA LUKE	2 00								

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SISTER CARMELLA LUKE	2 00	,					0	
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Office Highest compensati Former Individual trustee or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line) Truste

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SANDRA PAY	2 00	V					0	
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SISTER LUCILLE WELBIG

CAROL TWEDT

ALEJANDRO RAMIREZ

RAED SULAIMAN MD

MARY DALLY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensated employee Former Individual trustee or director Key employee organizations Institutional MISC) MISC) related below dotted organizations line) Trustee

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JULIE N NORTON	40 00							
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SR VICE PRESIDENT	0 00			^		313,103	0	23,744

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ARVIN SANTOS MD

HENDRIK KLOPPER MD

BRIAN KNUTSON MD

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AVP-PHARMACY	0 00		^			233,093	40,420
MARY LEEDOM	40 00						

STEVE PETERSEN	40 00		x		0	255,095	40,420
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Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation from the week (list person is both an officer from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and individuor or direc Officer Institut organizations MISC) MISC) related below dotted organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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TRANSPLANT

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GASTROENTEROLOGY	0 00				^	1,202,311	Ŭ	
JEFFERY STEERS MD	40 00							

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efile	e GRA	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493135001418		
SCI	HED	ULE A	Public	Charity Statu	s and Pul	olic Supp	ort	OMB No 1545-0047		
(For	m 990			organization is a sect				2016		
990E	ZZ)				empt charitable trust. 990 or Form 990-EZ.					
•		the Treasury	► Information abo	out Schedule A (Form			uctions is at	Open to Public Inspection		
Name	e of th	ne Service ne organiza	tion	www.iis.go	<u>00/10/11/990</u> .		Employer identific			
AVERA	MCKE	NNAN					46-0224743			
Pai			for Public Charity Sta				See instructions.			
	rganız		a private foundation becaus	•	•	,				
1	Ц	·	onvention of churches, or a)(A)(I).			
2			scribed in section 170(b)		,					
3	✓	·	or a cooperative hospital se	•						
4		name, city,	esearch organization opera and state		-			·		
5			ation operated for the bene (iv). (Complete Part II)	fit of a college or univei	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local government o	or governmental unit de	scribed in sectio	on 170(b)(1)(A	4)(v).			
7			ation that normally receives (0(b)(1)(A)(vi). (Complet		s support from a	governmental (unit or from the gener	al public described in		
8		A communi	ty trust described in sectio	on 170(b)(1)(A)(vi)	(Complete Part I	I)				
9			ural research organization or rant college of agriculture					ege or university or a		
10		from activit investment	ation that normally receives ties related to its exempt fu income and unrelated busi see section 509(a)(2). (0	inctions—subject to cert iness taxable income (le	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross		
11		•	ation organized and operate		r public safety S	ee section 509)(a)(4).			
12		more public	ation organized and operate ly supported organizations through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509 (a			
а		Type I. A so	supporting organization open n(s) the power to regularly Part IV, Sections A and E	erated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organı	zation(s), typically by			
b		Type II. A manageme	supporting organization sunt of the supporting organiplete Part IV, Sections A	pervised or controlled in zation vested in the san						
С		Type III f	unctionally integrated. A programming property of the programming and programming programming and programming prog	supporting organization				ited with, its		
d		Type III n functionally	on-functionally integrate integrated. The organization You must complete Page 1	ed. A supporting organi on generally must satis	ization operated fy a distribution i	in connection wi	th its supported organ			
e		Check this	box if the organization rece or Type III non-functionall	eived a written determir	nation from the II		ype I, Type II, Type II	I functionally		
f	Enter		of supported organizations		o.gazatioii					
g			ing information about the s		Γ'					
(i)N	ame o	f supported (organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No	1			
Total			tion Act Notice, see the :	<u> </u>	Cat No 11285			<u> </u> 90 or 990-EZ) 2016		

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
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	1	•		•	•	
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(6)2014	(4)2013	(0)2010	(1)10tai
7							
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	_ _						
4.5	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
13	First five years. If the Form 990 is fo	=					anization,
	check this box and stop here				<u> </u>	<u> ▶ ∟</u>	
	Section C. Computation of Public	• •		(6)			
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	a 33 1/3% support test—2016. If the	e organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
	and stop here. The organization qual						ightharpoons
b	33 1/3% support test—2015. If th	ie organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	/3% or more, chec	k this
	box and stop here. The organization						▶□
17 a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
		the racts-and-cire	cumstances test	The organization	quaimes as a pubi	iciy supported	. □
	organization	rt_2015 If the	raanization did ===	t chack a hay as !	mo 12 165 164	or 17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			-	•	•	▶ □
18	B 1 1 6 1 11 7611	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	· —
	instructions		, -	. , ,	,		►□
					Schodu	le Δ (Form 990 o	r 990-F7) 2016

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	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) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCON 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

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			
	ın 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	1 - '		l

	(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)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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	

	III Section 309(a)(1) or (2)	2	i			
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	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	3с	Ī			

	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		
С	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		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box	

		30	l		
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	3с			
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below				
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 foleigh supported organization was used exclusively for section 170(e)(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	
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
C-	ection B. Type I Supporting Organizations			
se	ection 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 of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown what a manufacture has the last through a COL mount of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers, directors, or trustoss either (1) appointed or elected by the supported arrangement	n 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)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection 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 instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
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 supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	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.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

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	1 b		
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

4

Schedule A (Form 990 or 990-FZ) 2016

Enter 85% of line 1

Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



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SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

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.

2016

DLN: 93493135001418

Open to Public Inspection

Intern	al Revenue Service						шэрс	
		on Form 990, Part IV, Line 3, or Form 9		e 46 (Political C	ampaig	ın Ac	tivities), the	en
		omplete Parts I-A and B Do not complete 501(c)(3)) organizations Complete Parts		Do not complete	Part I-I	R		
•	Section 527 organizations Compl	ete Part I-A only		•				
		on Form 990, Part IV, Line 4, or Form 9 at have filed Form 5768 (election under s						5
		at have NOT filed Form 5768 (election under s						
If the	e organization answered "Yes"	on Form 990, Part IV, Line 5 (Proxy Ta						
	xy Tax) (see separate instructio Section 501(c)(4), (5), or (6) orgar							
Naı	me of the organization	inzatione Complete Fait in		Empl	oyer id	entif	ication nun	ıber
AVE	ERA MCKENNAN			46-02	24743			
Par	t I-A Complete if the org	anization is exempt under section	on 501(c) or is			nizat	tion.	
1		anization's direct and indirect political car	mnaign activities in	a Dart IV				
2	Political expenditures	anization's direct and indirect political car	npaign activities if	I Pait IV	>	\$_		
3	Volunteer hours							
Par	t I-B Complete if the org	anization is exempt under section	on 501(c)(3).					
1	Enter the amount of any excise	tax incurred by the organization under se	ection 4955		>	\$_		
2	Enter the amount of any excise	tax incurred by organization managers u	nder section 4955		•	\$_		
3	If the organization incurred a se	ection 4955 tax, did it file Form 4720 for	this year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
ь	If "Yes," describe in Part IV							
Par		anization is exempt under section		-	1(c)(
1	, ,	nded by the filing organization for section	•		>	\$_		
2	Enter the amount of the filing or function activities	ganization's funds contributed to other c	organizations for se	ection 527 exemp	t ►	\$_		
3	Total exempt function expenditu	ires Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b	>	\$_		
4	Did the filing organization file Fo	rm 1120-POL for this year?					☐ Yes	□ No
5	organization made payments For formal formal formal formal for the contributions receive the contributions receives the contributions of the contributions are contributed as a second contribution of the con	l employer identification number (EIN) of or each organization listed, enter the am d that were promptly and directly deliver ttee (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organizatio political organizati	n's fun	ds Al	so enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount pa	aid from	n (e) Amount	of political
				filing organiz			contributions and promp	
				-0-	-, CIIICI		directly deliv	ered to a
							separate į organization	
							enter	
2								
3								
4								
5								
6								

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

or c	each "Vec" reconnee on lines 1a thr	ough 1: below, provide in Part IV a detailed description of the lobbying	(a)			(b)	
ctiv	•	ough It below, provide in Part IV a detailed description of the lobbying	Yes	No	,	Amount	
L		ganization attempt to influence foreign, national, state or local legislation, see public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			No			
b	Paid staff or management (includ	de compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?			No	1		
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broa	adcast statements?		No			
f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, th	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes				56,428
j	Total Add lines 1c through 1i						56,428
2a	Did the activities in line 1 cause t	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			1		
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?					
	(6).					Yes	No
1	·	ore) dues received nondeductible by members?		L	1		
2	- '	n-house lobbying expenditures of \$2,000 or less?		L	2		
3		ry over lobbying and political expenditures from the prior year?			3		
	and if either (a) B answered "Yes."	ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A			;01(c)(6)
1	Dues, assessments and similar a		1				
2	expenses for which the section	obying and political expenditures (do not include amounts of political on 527(f) tax was paid).	2a				
a b	Current year Carryover from last year		2b				
c	Total		2c				
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amo	ount on line 2c exceeds the amount on line 3, what portion of the excess does ever to the reasonable estimate of nondeductible lobbying and political	4				
5	· ·	political expenditures (see instructions)	5				
_	art IV Supplemental Info	, ,		<u> </u>			
Pro	vide the descriptions required for F	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	Part II	-A, lines	1 an	d 2 (s∈	ee
	Return Reference	Explanation					
'AR	Γ II-B, LINE 1	PART II-B LINE 1I AVERA MCKENNAN PARTICIPATES THROUGH VARIOUS HO PROMOTE LEGISLATION THAT WOULD RESULT IN STRENGTHENING HEALTH NATIONAL, REGIONAL, AND LOCAL LEVEL DUES WERE PAID TO THE FOLLOW PORTION IS ATTRIBUTABLE TO LOBBYING SOUTH DAKOTA ASSOCIATION O	CARE D	ELIVER RGANIZ	Y SYS ATIO	STEMS	ON A

5,032 LEADINGAGE 46

ORGANIZATIONS \$32,722 AMERICAN HOSPITAL ASSOCIATION 18,628 CATHOLIC HEALTH ASSOCIATION

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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.

DLN: 93493135001418 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization **Employer identification number** AVERA MCKENNAN 46-0224743 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 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? □ No

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

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

provide, in Part XIII, the text of the footnote to its financial statements that describes these items 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

the organization's accounting for conservation easements

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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(ii) Assets included in Form 990, Part X

2

Cat No 52283D

d Equipment . .

Sche	edule D (Form 990) 2016										Page 2
Par	t IIII Organizations Ma	aintaining Collections o	of Art, Hi	storical T	reası	ures, or	Other :	Similar As	sets (con	tinued)	
3	Using the organization's acquitems (check all that apply)	uisition, accession, and othei	records, c	heck any of	the fo	ollowing th	nat are a	sıgnıfıcant u	se of its co	ollection	
а	Public exhibition			d 🗌	Loan	or excha	nge prog	rams			
b	Scholarly research			e 🗌	Othe	er					
C	Preservation for future	generations									
4	Provide a description of the open XIII	organization's collections and	l explain ho	ow they furt	her th	e organiza	ation's ex	empt purpo	se in		
5	During the year, did the organises assets to be sold to raise fur							ılar	☐ Yes	□ No	•
Pa		odial Arrangements. ganization answered "Yes	" on Form	1 990, Part	IV, I	ıne 9, or	reporte	d an amou	nt on For	m 990, F	Part
1a	Is the organization an agent included on Form 990, Part i		ıntermedia	ry for contri	bution	ns or othe	r assets r	not	✓ Yes	□ No	•
ь	If "Yes," explain the arrange	ment in Part XIII and comple	ete the follo	owing table		Γ		A	mount		-
c	Beginning balance	·		•		ľ	1c			14,471	-
d	Additions during the year						1d			199,817	•
е	Distributions during the year						1e			198,136	•
f	Ending balance						1f			16,152	-
2 a	Did the organization include	an amount on Form 990, Pa	rt X, line 2:	1, for escrov	v or cu	ustodial ad	count lia	bility?	Yes	☑ No	-
b	TE "Vac " avelous blacks assessed	mant in Dairt VIII. Charle have	6				Luc Dant V	/***			,
	If "Yes," explain the arrange art V Endowment Fund	is. Complete if the organ									
FG	Endowment Fund	(a)Currer		(b)Prior yea		(c)Two ye		(d)Three yea)Four years	back
1a	Beginning of year balance .		,174,562		3,539		2,692,789		531,677	•	41,642
b	Contributions										
С	Net investment earnings, gair	s, and losses	589,958	340	5,023		135,750		61,112	4	90,035
d	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses .										
g	End of year balance		,764,520	3,17	1,562		2,828,539	2,	592,789	2,6	31,677
2	Provide the estimated percei	ntage of the current year end	d balance (lıne 1g, colu	mn (a	i)) held as	;		•		
а	Board designated or quasi-e	ndowment ► 0 %									
b	Permanent endowment ▶	100 000 %									
С	Temporarily restricted endov	vment ▶ 0 %									
	The percentages on lines 2a	. 2b, and 2c should equal 10	0%								
3а	Are there endowment funds organization by	not in the possession of the	organizatio	n that are h	eld ar	nd adminis	stered for	the		Yes	No
	(i) unrelated organizations								3a(i	-	No
b	(ii) related organizations . If "Yes" on 3a(II), are the rel		· · · · · · · · · · · · · · · · · · ·	 Schedule R	?.	·. ·.			3a(ii 3b	Yes Yes	
4	Describe in Part XIII the inte	ended uses of the organization	n's endowr	ment funds					<u>-</u>		
Pa	rt VI Land, Buildings,			000 -	. , .			000 -			
	Complete if the org	ganization answered 'Yes (a) Cost or other basis		990, Part other basis (n 990, Par		.0. Book value	
	Description of property	(investment)	(B)COSC OI	otilei pasis (t	J. (1817)	(C)ACCU	maiateu U	opreciation	(u)	DOOK Value	
1 =	Land	9,849,434		27 2	28,590					37	078,024
	Buildings	4,526,544		•	62,186			200,711,935		•	676,795
	Leasehold improvements	.,,-		•	67,816			1,521,064			046,752
-				, -						-,	,

263,334,842

10,928,510

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

69,118,678

5,960,006

381,880,255

194,216,164

4,968,504

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organization	answered 'Yes' on	Form 990, Part I	V, line 11b.
(a) Description of security or category (including name of security)	(b)Book valu		(c)Method of valu	
(1)Financial derivatives		Cus	t or end-or-year ma	arket value
(2)Closely-held equity interests				
(A) ASSETS LIMITED AS TO USE - AVERA POOLED INVESTMENTS	201,115	5,301	F	
(B) HEART HOSPITAL OF SOUTH DAKOTA, LLC	18,765	5,314	F	
(C) INTEREST IN AVERA HEALTH FOUNDATION	13,282	2,111	F	
(D) INVESTMENTS IN AFFILIATED COMPANIES (D)	4,849	9,215	F	
(E)				
(F)				
(G)				
(H)				
	220.01	1.041		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if			n Form 990, Part	IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book	value	(c) Method of valu	ation
(1)	(-,		t or end-of-year ma	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered	d 'Yes' on Form 9	90 Part IV line 11d	See Form 990 Part	X line 15
(a) Description		50, 1 dre 17, mre 11a	500 10111 330, 1410	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a	answered 'Ves'	on Form 990 Part	▶	f
See Form 990, Part X, line 25.		(b) Book value	IV, IIIIC IIC OI II	
1. (a) Description of liability (1) Federal income taxes		(b) Book value		
OTHER LIABILITIES		3,359,759		
DUE TO OTHER ORGANIZATIONS		1,174,897		
MARKET VALUE OF INTEREST SWAP		7,654,265		
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS		8,614,305		
MINORITY INTEREST		4,262,501		
(7) INSURANCE LOSS LIABILITY		1,070,855		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	26,136,582		
2. Liability for uncertain tax positions. In Part XIII, provide the text o		the organization's fina		
organization's liability for uncertain tax positions under FIN 48 (ASC 7	/40) Uneck here	II the text of the footi	iote nas been prov	ued in Part XIII 💌

1

2

b

c

d

е

3

4

5

1

2

b

d

3

4

а

b

C 5

Part XIII

Part XII

Other losses .

Schedule D (Form 990) 2016

Page 4

Investmen Other (Des Add lines 4

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Add lines 2a through 2d . . .

Subtract line 2e from line 1 .

Donated services and use of facilities .

Recoveries of prior year grants . . . Other (Describe in Part XIII) . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
Other (Describe in Part XIII)	4b	
Add lines 4a and 4b		
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
t XII Reconciliation of Expenses per Audited Financia	al Statements With Expe	
Complete if the organization answered 'Ye	es' on Form 990, Part IV, lir	

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Other (Describe in Part XIII)

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Total revenue, gains, and other support per audited financial statements

	•	•	•	•
	4a	1		
	4b			
ine 12)				
inancia	al St	at	em	eı

2a

2b

2c

2d

4b

Explanation

4c	
5	
i ses p e 12a) (
1	

4c

2e

3

es p 12a	er	R
1		
2e		
3		

				_
_	_	_	_	_
				_

Schedule D (Form 990) 2015



2a

2b

2c

2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

eturn.

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software Version:

Name: AVERA MCKENNAN

NG HOME STAFF THE STATE HAS STRICT GUIDELINES ON HOW THESE ACCOUNTS ARE MANAGED

EIN: 46-0224743

Supplemental Information

Return Reference	Explanation
PART IV LINE 1B	THE ORGANIZATION HOLDS FUNDS IN TRUST ON BEHALF OF ITS LONG-TERM CARE RESIDENTS. MANY SMALL

Software ID:

L DOLLAR TRANSACTIONS FLOW IN AND OUT OF THIS ACCOUNT THE ACCOUNT IS MANAGED BY THE NURSI

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS OF A PORTION OF THEIR INTEREST IN THE NET ASSETS OF AVERA HEALTH FOUNDATION THE AVERA HEALTH FOUNDATION INCLUDES ENDOWMENT FUNDS WHICH HAVE B EEN ESTABLISHED FOR A VARIETY OF PURPOSES AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PR INCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BO ARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS (IF ANY), ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE ORGANIZATION'S PERMANENTLY RES TRICTED ENDOWMENT FUNDS ARE DONOR RESTRICTED THE ORGANIZATION CURRENTLY DOES NOT HAVE ANY

BOARD DESIGNATED ENDOWMENT FUNDS

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS ORGANIZED AS A NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IN TERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CO DE 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 CO NSIDERED 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 B USINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AVERA MCKENNAN FILES AN EXEMP T ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME FOR THE YEARS ENDED JUNE 30, 2017 AND 2016, CASH PAID FOR INCOME TAXES WAS \$2,169,516 AND \$847,154, RESPECTIVELY THE ORGANIZATION BELIEVES THAT IT HAS AP PROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AN D AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS TAKEN AFFECTING IT ANNUAL FILING REQUIREMENTS, AN D 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 PENALT IES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INT EREST AND PENALTIES WERE INCURRED

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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

2016

DLN: 93493135001418OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

► 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.

	mai Revenue Service	Information about Sched	iule G (Foi	m 990 or s	990-EZ) and its instructions is	s at www irs yo	5V/10FM99U.	<u> </u>
	ne of the organization ERA MCKENNAN						Employer ide	entification number
•	TO THE INTERNATION OF THE INTERN						46-0224743	
P		tivities. Complete it rs are not required	_	-	on answered "Yes" on I s part.	- Form 990, P	Part IV, line :	17.
L	Indicate whether the orga	nızatıon raısed funds t	through a	any of the	following activities Chec	k all that app	oly	
а	✓ Mail solicitations				e 🗹 Solicitation of no	n-governmer	nt grants	
b	✓ Internet and email soli	ıcıtatıons			f Solicitation of go	vernment gr	ants	
c	Phone solicitations				g 🗸 Special fundraisi	ng events		
d	☑ In-person solicitations							
2a	Did the organization have or key employees listed in							es 🗌 No
b	If "Yes," list the ten higher to be compensated at leas			fundraisei	rs) pursuant to agreemen	ts under whic	th the fundrais	er is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or odtions?	(iv) Gross receipts from activity	(or reta fundraise	unt paid to uned by) er listed in (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1	JON OIEN 600 E SUNNYBROOK DR	MAJOR AND PLANNED GIFT SOLICITATIONS		No	0		19,020	C
	SIOUX FALLS, SD 57105 MICHAEL SABA	MAJOR AND						
_	26560 N SHORE PL	PLANNED GIFT SOLICITATIONS		No	0		162,500	C
3	HARTFORD, SD 57033							
4								
5								
6								
7								
8								
_						<u> </u>		
9								
0								
ot	al	•		•			181,520	
3	List all states in which the oil licensing	rganization is register	ed or lice	nsed to s	olicit contributions or has	been notified	d it is exempt	from registration or

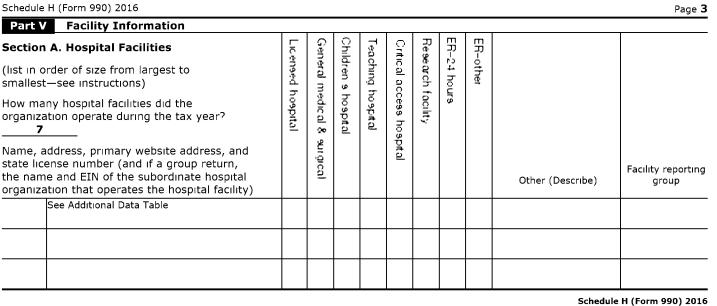
	edule G (Form 990 or 990-EZ) 2016				Page 2
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$	event contributions and			
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col (a) through
Revenue		(event type)	(event type)	(total number)	col (c))
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
တ္	5 Noncash prizes				
JSe	6 Rent/facility costs				
Expenses	7 Food and beverages				
១	8 Entertainment				
Direct	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)		•	
Pai	Gaming. Complete if the org on Form 990-EZ, line 6a.		es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ង័	3 Noncash prizes				
ect	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colun	nn (d)	•	
9 a b	Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain	aming activities in each o	f these states?		☐ Yes ☐ No
10a b	If "Yes," explain	censes revoked, suspende	ed or terminated during the	e tax year?	☐ Yes ☐ No

Sche	dule G (Form 990 or 990-EZ) 2016				Р	age 3			
11	Does the organization conduct gaming	activities with nonmembers?		□Yes	□No				
12	Is the organization a grantor, beneficial formed to administer charitable gamin	ary or trustee of a trust or a member of a partnership or other entit g?	у	□Yes	Пио				
13	Indicate the percentage of gaming acti	vity conducted in							
а	The organization's facility		13a			%			
b	An outside facility		13b			%			
14	Enter the name and address of the per	rson who prepares the organization's gaming/special events books	and records						
	Name •								
15a	Address Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes					
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$								
С	If "Yes," enter name and address of th	e third party							
	Name •								
	Address ►								
16	Gaming manager information								
	Name >								
	Gaming manager compensation ▶ \$								
	☐ Director/officer	☐ Employee ☐ Independent contractor							
17	Mandatory distributions								
а	Is the organization required under stat	e law to make charitable distributions from the gaming proceeds to)						
	retain the state gaming license?			☐Yes	□No				
b	Enter the amount of distributions requ								
	in the organization's own exempt activities during the tax year ► \$								
Par	• •	on. Provide the explanations required by Part I, line 2b, col 5c, 16, and 17b, as applicable. Also complete this part to p is).		, ,,					
	Return Reference	Explanation							
FORM	1 990, SCHEDULE G, PART I, LINE 2B	JOHN OIEN AND MICHAEL SABA WERE PAID FOR SERVICES WITH SOLICITATIONS THE ORGANIZATION DOES NOT RECORD CONTR CONTRIBUTIONS FROM THE SOLICITATIONS ARE RECEIVED THRO	IBUTIONS II	N COLUMN ((IV)				
FORN	1 990, SCHEDULE G, PART I, LINE 3	AVERA MCKENNAN IS NOT REQUIRED TO BE REGISTERED OR LIC HEALTH FOUNDATION, A RELATED ORGANIZATION, SOLICITS AN REGISTERED AND LICENSED IN THE APPROPRIATE STATES							

Schedule G (Form 990 or 990-EZ) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135001418 OMB No 1545-0047 **SCHEDULE H Hospitals** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. Department of the ▶ Attach to Form 990. Treasury ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** AVERA MCKENNAN 46-0224743 Part I Financial Assistance and Certain Other Community Benefits at Cost Yes No Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a 1a Yes If "Yes," was it a written policy? 1<u>b</u> Yes 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 most hospital facilities ☐ Applied uniformly to all hospital facilities Generally tailored to individual hospital facilities 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 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 Yes За ☐ 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 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 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 No 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 Did the organization prepare a community benefit report during the tax year? Y<u>es</u> 6a 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 Financial Assistance and Certain Other Community Benefits at Cost **Financial Assistance and** (a) Number of (b) Persons served (c) Total community (d) Direct offsetting (e) Net community (f) Percent of activities or programs Means-Tested (optional) benefit expense revenue benefit expense total expense (optional) **Government Programs** Financial Assistance at cost (from Worksheet 1) 12,833,697 12,833,697 1 340 % b Medicaid (from Worksheet 3, column a) 76,129,806 57,002,282 19,127,524 1 990 % c Costs of other means-tested government programs (from Worksheet 3, column b) 2,586,258 1.049.936 0 110 % 1.536.322 Total Financial Assistance and Means-Tested Government Programs 91,549,761 58,538,604 33,011,157 3 440 % Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) 3,714,627 600.682 3,113,945 0 320 % Health professions education (from Worksheet 5) 8,399,149 1,611,374 6,787,775 0 710 % Subsidized health services (from 43,994,522 Worksheet 6) 50.364.222 6.369.700 0 660 % Research (from Worksheet 7) 10,913,480 2,348,941 8,564,539 0 890 % Cash and in-kind contributions for community benefit (from Worksheet 8) 2,601,368 2,601,368 0 270 % j Total. Other Benefits 75,992,846 48,555,519 27,437,327 2 850 % k Total. Add lines 7d and 7j 107,094,123 167,542,607 60,448,484 6 290 % For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50192T Schedule H (Form 990) 2016

Schle	dule II (101111 990) 2010								1	age Z
Pa	community Build during the tax year communities it serv	r, and describe in								ties
	Communities it serv	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct of revenu		(e) Net commu building exper		(f) Pero total ex	
1	Physical improvements and housing			13,000)		13	3,000		0 %
	Economic development			125,000				5,000	0	010 %
3 (Community support			55,000			55	,000	0	010 %
	Environmental improvements									
t	Leadership development and training for community members Coalition building									
7	Community health improvement advocacy									
8	Workforce development			45,000			45	5,000		0 %
	Other									
	Total Total Bad Debt, Medica	re. & Collection	Practices	238,000)		238	3,000	U	020 %
	tion A. Bad Debt Expense	,							Yes	No
1	Did the organization report b	ad debt expense in a	accordance with Hea	athcare Financial Ma	nagement As	sociatio	n Statement	1	Yes	
2	Enter the amount of the orga methodology used by the org				2		22,370,725			
3	Enter the estimated amount eligible under the organization methodology used by the organization	n's financial assistar	nce policy Explain in	n Part VI the						
4	including this portion of bad Provide in Part VI the text of	debt as community b	penefit		3	debt e	0 expense or the			
•	page number on which this fo	ootnote is contained	in the attached fina	incial statements	describes bac	a debt e	expense or the			
Sect	tion B. Medicare									
5	Enter total revenue received	,	- '		5		219,569,673			
6	Enter Medicare allowable cos	ts of care relating to	payments on line 5		6		249,874,921			
7	Subtract line 6 from line 5 T	. ,	•		. 7		-30,305,248			
8	Describe in Part VI the exten Also describe in Part VI the c Check the box that describes	osting methodology					t			
C	Cost accounting system	☐ Cost	to charge ratio	☑ Oth	er					
9a	Did the organization have a v	written debt collectio	n policy during the	tay vear?				9a	Yes	
b	If "Yes," did the organization contain provisions on the coll Describe in Part VI	's collection policy the	nat applied to the lai se followed for paties	rgest number of its nts who are known	to qualify for	fīnancıa	l assistance?	9a 9b	Yes	
Pa	rt IV Management Com (owned 10% or more by off	panies and Joint	t Ventures						1	
	(a) Name of entity	<u> </u>	Description of primary		rganization's	(d) (Officers, directors,	Τ.	e) Physic	cians'
			activity of entity		t % or stock nership %	emp	ustees, or key ployees' profit % ock ownership %		ofit % or ownershi	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10								_		
11										
12										
13								<u> </u>	_	



6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes." list the other hospital facilities 7

c 🗹 Made a paper copy available for public inspection without charge at the hospital facility **d** Other (describe in Section C) Did the hospital facility adopt an implementation strategy to meet the significant community health needs 8 Yes identified through its most recently conducted CHNA? If "No," skip to line 11 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 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 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 12a No 12b ${f b}$ If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? ${f .}$ 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? \$ Schedule H (Form 990) 2016

 \mathbf{j} $\mathbf{\square}$ Other (describe in Section C)

Na	nme of hospital facility or letter of facility reporting group		_
			Γ
	Did the hospital facility have in place during the tax year a written financial assistance policy that		Γ
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	
	If "Yes," indicate the eligibility criteria explained in the FAP		Г
	a ✓ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 0000000000000000000000000000000000		
l	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	
15	Explained the method for applying for financial assistance?	15	
	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		

		'es," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the hod 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			
		Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
		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)			
L6	Was	widely publicized within the community served by the hospital facility?	16	Yes	
	If "Y	es," 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/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			İ
		THE ALL THE STATE OF THE STATE			
	ь 🗹	The FAP application form was widely available on a website (list url)			
		WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
	. 🗸	A plain language summary of the FAP was widely available on a website (list url)			
	٠.	WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
	a 🔽	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	C [4]	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 🗸	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by			
		receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h 🗸	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
		The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	- 🗔				1

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Yes Yes

If "Yes," explain in Section C

1	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 Mospital facility's website (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/			
	b Other website (list url)			
	f c $f ullet$ Made a paper copy available for public inspection without charge at the hospital facility			
8	d ☐ Other (describe in Section C) 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	
	If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-NEEDS-HEALTH-ASSESSMENTS/			
	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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			
12	a 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? . . .

hospital facilities? \$

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

12b

j 🗹 Other (describe in Section C)

Na	HEART HOSPITAL OF SOUTH DAKOTA LLC ame of hospital facility or letter of facility reporting group			
			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 0000000000000000000000000000000000			
	c ☑ Asset level			
	d ✓ Medical indigency			
	e 🗹 Insurance status			
	f Underinsurance discount			
	g 🔲 Residency			
	h ☑ Other (describe in Section C)			
14		14	Yes	
15	1173	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 popprofit organizations or government agencies that may be sources of			

	met	hod 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			
		Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
		Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
		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	Was	widely publicized within the community served by the hospital facility?	16	Yes	
	If "Y	es," 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/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
		The FAP application form was widely available on a website (list url)			
		WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
	c 🗸	A plain language summary of the FAP was widely available on a website (list url)			
		WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
	d 🗸	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
		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 🗹	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by			
	_	receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
		Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i 🗸	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			

Page 5

If "Yes," explain in Section C

Other website (list url) c 🗹 Made a paper copy available for public inspection without charge at the hospital facility

Did the hospital facility adopt an implementation strategy to meet the significant community health needs

b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

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

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

identified through its most recently conducted CHNA? If "No," skip to line 11

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? .

If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/

 ${f b}$ If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? ${f .}$

d Other (describe in Section C)

hospital facilities? \$

No

8

10

10b

12a

12b

Yes

Yes

	Yes	N
13	Yes	
14	Yes	
15	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/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/ b ☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/ c ☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/ 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 ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP	15	Expl	ained the method for applying for financial assistance?	15	Yes	
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 Was widely publicized within the community served by the hospital facility?						
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www avera org/patients-visitors/charity-patient-assistance-programs/ b ✓ The FAP application form was widely available on a website (list url) www avera org/patients-visitors/charity-patient-assistance-programs/ c ✓ A plain language summary of the FAP was widely available on a website (list url) www avera org/patients-visitors/charity-patient-assistance-programs/ 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 ✓ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ✓ Notified members of the community who are most likely to require financial assistance about availability of the FAP		If "Y	es," indicate how the hospital facility publicized the policy (check all that apply)			
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h 🗹 Notified members of the community who are most likely to require financial assistance about availability of the FAP						
		h 🗸	, ·			
I ✓ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			

6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes." list the other hospital facilities 7

10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . 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 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 12a No 12b ${f b}$ If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? ${f .}$ 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

Indicate the tax year the hospital facility last adopted an implementation strategy 20 15

hospital facilities? \$

10

Yes

spoken by LEP populations \mathbf{j} \mathbf{V} Other (describe in Section C)

Financial Assistance Policy (FAP)			
AVERA MILBANK AREA HOSPITAL			
Name of hospital facility or letter of facility reporting group			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 0000000000000000000000000000000000		W	
14 Explained the basis for calculating amounts charged to patients?	14	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	13	165	
 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 			

15	Exp	ained the method for applying for financial assistance?	15	Yes	
		es," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the nod for applying for financial assistance (check all that apply)			
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	е 🗌	Other (describe in Section C)			
16	Was	widely publicized within the community served by the hospital facility?	16	Yes	
	If "Y	es," indicate how the hospital facility publicized the policy (check all that apply)			
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		WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
		The FAP application form was widely available on a website (list url) WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
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	с 🗹	A plain language summary of the FAP was widely available on a website (list url)			
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	c 🗀	and by mail)			
	1 🗸	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	a 🔽	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by			
	9 🖭	receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h 🗸	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
		The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		and the body of the second sec			

Page **5**

c 🗹 Made a paper copy available for public inspection without charge at the hospital facility **d** Other (describe in Section C) Did the hospital facility adopt an implementation strategy to meet the significant community health needs 8 Yes identified through its most recently conducted CHNA? If "No," skip to line 11 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 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 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 12a No 12b ${f b}$ If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? ${f .}$ 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? \$ Schedule H (Form 990) 2016 Financial Assistance Policy (FAP)

 \mathbf{j} $\mathbf{\square}$ Other (describe in Section C)

Page 5

AVERA DELLS AREA HEALTH CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
3 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 0000000000000000000000000000000000			
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)		.,	
4 Explained the basis for calculating amounts charged to patients?	14	Yes	
5 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)			
6 Was widely publicized 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/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
b ☑ The FAP application form was widely available on a website (list url)			
WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
c ☑ A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
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)			
9 Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
n In the street reasonably calculated to attract patients attention by Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
spoken by LEP populations			
i 📈 Other (december in Contract C)	1	1	1

If "Yes," explain in Section C

2 3 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes." list the other hospital facilities

10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . 10 Yes If "Yes" (list url) WWW AVERA ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/

10b

b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 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 12a No 12b ${f b}$ If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? ${f .}$ 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? \$

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the

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

c 🗹 Provided the contact information of hospital facility staff who can provide an individual with information about the

f d igsquare Provided the contact information of nonprofit organizations or government agencies that may be sources of

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

f 🗹 A plain language summary of the FAP was available upon request and without charge (in public locations in the

g 🗹 Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or

h 🗹 Notified members of the community who are most likely to require financial assistance about availability of the FAP i 🗹 The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)

AVERA FLANDREAU MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

c Asset level d Medical indigency

her application

FAP and FAP application process

assistance with FAP applications e D Other (describe in Section C)

hospital facility and by mail)

spoken by LEP populations j 🗹 Other (describe in Section C)

a ✓ The FAP was widely available on a website (list url)

Did the	hospital	facility	have II	n place	during	the tax	year	a written	fınancı	al assista	nce po	olicy tha	t	
 			_	_										

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

a ☑ Federal poverty quidelines (FPG), with FPG family income limit for eligibility for free care of 150 000000000000

If "Yes," indicate the eligibility criteria explained in the FAP

Page 5

No

Yes

Yes

13

14

15

16

Schedule H (Form 990) 2016

Yes

Yes

Yes

% and FPG family income limit for eligibility for discounted care of 400 000000000000

16 Was widely publicized within the community served by the hospital facility?

WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/

WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/

WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/

If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

c ☑ A plain language summary of the FAP was widely available on a website (list url)

other measures reasonably calculated to attract patients' attention

b The FAP application form was widely available on a website (list url)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

method for applying for financial assistance (check all that apply)

e 🗹 Insurance status f Underinsurance discount **g** Residency **h** ✓ Other (describe in Section C)

 $\mathbf{b} \square$ Income level other than FPG (describe in Section C).

If "Yes," explain in Section C

8

Yes

Did the hospital facility adopt an implementation strategy to meet the significant community health needs

d Other (describe in Section C)

P	art V Facility Information (continued)			
Fi	nancial Assistance Policy (FAP)			
	AVERA HAND COUNTY MEMORIAL HOSPITAL			
Na	me of hospital facility or letter of facility reporting group			
			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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 0000000000000000000000000000000000	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)			
	 ■ 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 			

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) Was widely publicized within the community served by the hospital facility?	16	Yes	
10	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		162	
	a ☑ The FAP was widely available on a website (list url) WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/ b ☑ The FAP application form was widely available on a website (list url) WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
	c A plain language summary of the FAP was widely available on a website (list url) WWW AVERA ORG/PATIENTS-VISITORS/CHARITY-PATIENT-ASSISTANCE-PROGRAMS/			
	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 🗹 Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h 🗹 Notified members of the community who are most likely to require financial assistance about availability of the FAP			

h 🗹 Notified members of the community who are most likely to require financial assistance about availability of the FAP i $\boxed{\mathcal{U}}$ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j 🗹 Other (describe in Section C) Schedule H (Form 990) 2016

6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separa	rt V. Section B. lines 2, 31, 5.		
6a, 6b, 7d, 11, 13b, 13h, 15e, 16 ₁ , 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separa hospital facility in a facility reporting group, designated by facility reporting group letter and hospital	rt V. Section B. lines 2, 31, 5,		
	Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3], 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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			
See Add'l Data			
	_		
	_		
	Schedule H (Form 990) 2016		

Schedule H (Form 990) 2016	Page 9
Part V Facility Information (continued)	
Section D. Other Health Care Facilities That Are Not Licensed (list in order of size, from largest to smallest)	d, Registered, or Similarly Recognized as a Hospital Facility
How many non-hospital health care facilities did the organization o	perate during the tax year?
Name and address	Type of Facility (describe)
1 See Additional Data	Table
2	
3	
4	
5	
6	
7	
8	
9	
10	Schedule H (Form 990) 2016

Schedul	Schedule H (Form 990) 2016 Page 10		
Part V	VI Supplemental Inform	nation	
Provide	the following information		
1	Required descriptions. Provi	ide 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 reported in Part V, Section B	how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs	
3		lity for assistance. Describe how the organization informs and educates patients and persons who may be leir eligibility for assistance under federal, state, or local government programs or under the organization's	
4	Community information. Des constituents it serves	escribe the community the organization serves, taking into account the geographic area and demographic	
5		ealth. Provide any other information important to describing how the organization's hospital facilities or other sexempt purpose by promoting the health of the community (e g , open medical staff, community board, use	
6		m. If the organization is part of an affiliated health care system, describe the respective roles of the n promoting the health of the communities served	
7	State filing of community be community benefit report	enefit report. If applicable, identify all states with which the organization, or a related organization, files a	
990 Sc	chedule H, Supplemental I	Information	
	Form and Line Reference	Explanation	
PART I,		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	

HAVE BEEN EXHAUSTED

ADDITION, PRESUMPTIVE CHARITY CARE MAY BE APPLIED IN SITUATIONS WHERE ALL OTHER AVENUES

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART I, LINE OA	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 /	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 SHORTFALLS AND

USED

ALL OTHER AMOUNTS, COSTS AND REVENUES AS REFLECTED BY THE GENERAL LEDGER SYSTEM WERE

Form and Line Reference	Explanation
FART I, LINE 7G	PHYSICIAN CLINIC COSTS FOR TRANSPLANT AND BEHAVIORAL HEALTH SERVICES ARE INCLUDED IN SUBSIDIZED HEALTH SERVICES NET REVENUES OF \$8,677,669 AND COSTS OF \$14,674,489 WERE INCLUDED FOR A NET COMMUNITY BENEFIT OF \$5,996,820 OUR FACILITY IS THE PRINCIPAL PROVIDER OF BONE MARROW AND PANCREAS TRANSPLANT SERVICES THROUGH OUR SERVICE AREA, IN ADDITION

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 WE ARE THE SOLE PROVIDER OF HOSPITAL BEHAVIORAL

SERVICES TO THE COMMUNITY OF WHICH THE CLINICS ARE AN INTEGRAL PART OF SERVICES.

990 Schedule H, Supplemental Information Form and Line Reference Explanation BAD DEBT EXPENSE OF \$22,370,725 IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) BUT PART I. LN 7 COL(F) EXCLUDED FOR PURPOSES OF CALCULATING THIS PERCENTAGE.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
ACTIVITIES	THE COMMUNITY BUILDING ACTIVITIES INCLUDE MONETARY ASSISTANCE TO ORGANIZATIONS THAT FOCUS THEIR EFFORTS ON PROVIDING FURNITURE FOR LOW INCOME FAMILIES, NEIGHBORHOOD IMPROVEMENT PROJECTS IN HIGH NEEDS AREAS, CHILDREN AND YOUTH DEVELOPMENT PROGRAMS, LOCAL ECONOMIC DEVELOPMENT, AND JOB CREATION AND TRAINING PROGRAMS

990 Schedule H, Supplemental Information	
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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART III, LINE 3	AVERA MCKENNAN HAS SEVERAL PROCEDURES IN PLACE TO DETERMINE WHICH PATIENTS WOULD QUALIFY FOR FINANCIAL ASSISTANCE, THEREFORE THE HOSPITAL FEELS CONFIDENT THAT NO AMOUNT OF BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information	
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 \$1,955,451 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, THE MEDICARE FOR MEDICARE PATIENTS, AND THE IMPACT OF THE HOME OFFICE COST REPORT, THE MEDICARE SHORTFALL IS \$48,837,803 AS OPPOSED TO A SHORTFALL OF \$30,305,248 AVERA MCKENNAN FOLLOWS THE CATHOLIC HEALTH ASSOCIATION GUIDELINES IN REPORTING COMMUNITY BENEFITS AND THEREFORE ANY MEDICARE SHORTFALL IS \$48,837,803 AS OPPOSED TO A SHORTFALL OF \$30,305,248 AVERA MCKENNAN FOLLOWS THE CATHOLIC HEALTH ASSOCIATION GUIDELINES IN REPORTING COMMUNITY BENEFITS ON THE REPO

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 WITH A CETAMORITOR OF THAT CONTAINS A LIGHTNOOF
	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 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

INDICATING THAT THE PATIENT'S BILL HAS BEEN COMPLETELY FORGIVEN

FOR 100% CHARITY CARE, NO FURTHER BILLS WILL BE SENT A LETTER WILL BE SENT INSTEAD

Form and Line Reference	Explanation
FART 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

990 Schedule H, Supplemental Information

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 178,000 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 2016 U S CENSUS BUREAU DATA ESTIMATES 9 9% 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 2016 U.S. CENSUS BURFAU

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 MEMBER SS COME FROM A VARIETY OF BACKGROUNDS RANGING FROM PRIVATE INDUSTRY AND BANKING TO HEALTHCARE AVERA MCKENNAN SEMERGENCY DEPARTMENT IS STAFFED 24 HOURS A DAY WITH BOARD-CENTED PRIVATE 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-CENTED PREVENTED SPECIALISTS AND PROVIDES EMERGENCY CARE REGARDLESS OF ABILL TY TO PAY AVERA MCKENNAN HAD 33,746 EMERGENCY DEPARTMENT VISITS IN FY 2017 OPERATING BOT HIXED WING AND HELLCOPTER MEDICAL AIR TRANSPORTS, AVERA MCKENNAN'S FLIGHT TEAMS COVER A LARGE GEOGRAPHIC AREA PROVIDING STATE-OF-THE-ART AIR TRANSPORTS SERVICES AND ACCESS TO CRIT ICAL CARE, WITH 1,671 FLIGHTS IN THE PAST YEAR HEALTH CARE CLINIC IN 1992, AVERA MCKENNAN ESTABLISHED A HEALTH CARE CLINIC TO PROVIDE FREE CARE FOR PEOPLE WAS END WINGSTABLISHED A HEALTH CARE CLINIC. TO PROVIDE FREE CARE FOR PEOPLE WAS END STAFFED BY REG ISTERED NURSES, TWO MIDURED FREE CARE FOR PEOPLE WINGS AND VOLUNTEER HEALTH CARE PROVID FRS THE GOAL OF THE CLINIC IS TO PREVENT OR TREAT PATIENTS' MEDICAL CONDITIONS BEFORE THE Y BECOME CATASTROPHIC THE CLINIC LIS TO PREVENT OR TREAT PATIENTS' MEDICAL CONDITIONS BEFORE THE Y BECOME CATASTROPHIC THE CLINIC AVERAGES 450 VISITS PROMITH, PROVIDING PREVENTATIVE CARE, DIAGNOSIS AND TREATMENT OF ILLNESSES AND INJURIES, MEDICATION ASSISTANCE AND ASSISTANCE AND DATAINING SPECIALIST CARE FOR PATIENT IM COMPLEX CASES THE CLINIC ALSO SERVES TO TRAIN PHYSICIANS, NURSES AND OTHER HEALTH CARE STUDENTS IN TOPROVIDES A FREE EVENING CLINIC CONE EVENING PER MONTH, PROVIDES A FREE EVENING CLINIC CONE EVENING PER MONTH, STAFFED BY MEDICAL STUDENTS IN DORS DEPREVISION OF PHYSICIANS AVERA MCKENNAN IS THE ONLY HEALTH CARE ORGANIZATION TO PROVIDE FREE SERVICES SUCH AS THIS IN THE STATE OF SOUTH DAKOTA THE ALITH CARBOT FROM THE SOUTH DAKOTA THE HEA	Form and Line Reference	Explanation
LEARNERS, LEADERS AND EMPLOYEES UTIL IZING ADVANCED TECHNOLOGY, MANY OF THESE PROGRAMS ARE PROVIDED ELECTRONICALLY THROUGHOUT THE TRI-STATE AREA EDUCATIONAL SESSIONS ARE OFFERED TO MEDICAL STAFF, EMPLOYEES, HEALTH CA RE 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 PROVI DED AS A COMMUNITY SERVICE EACH YEAR 1 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 2 TO BE WELL FREE EDUCATION EVENTS WERE HELD ON TOPICS INCLUDING ORTHOPEDICS, CANCER, D IABETES, WEIGHT LOSS/HEALTHY EATING, MULTIPLE SCLEROSIS, ANXIETY AND ACUPUNCTURE 3 FORUM S THE AVERA BEHAVIORAL HEALTH CENTER OFFERS FREE FRIDAY	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 BOADO FT RUSTEES IS PRINCIPALLY COMPRISED OF COMMUNITY HEMBERS FROM THE PRIMARY SERVICE AREA MEMBE RS COME FROM A VARIETY OF BACKGROUNDS RANGING FROM PRIVATE INDUSTRY AND BANKING TO HEALTHG ARE AVERA MCKENNAN IS A VERIFIED LEVEL II TRAUM 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 BOADO-CETTIFIED EMERGENCY SPECIALISTS AND PROVIDES EMERGENCY CARE REGARDLESS OF ABILI TY TO PAY AVERA MCKENNAN HAD 33,746 EMERGENCY DEPARTMENT VISITS IN FY 2017 OPERATING BOTH FIXED WING AND HELLCOPTER MEDICAL AIR TRANSPORTS, AVERA MCKENNAN'S FLIGHT TEAM'S COVER A LARGE GEOGRAPHIC AREA PROVIDING STATE-0F-THE-ART AIR TRANSPORT SERVICES AND ACCESS TO CENT ICAL CARE, WITH 1,671 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 UND ENTSURED IN THE COMMUNITY THE CLINIC IS MANAGED BY A REGISTERED NURSE AND STAFFED BY REG ISTENDE IN THE COMMUNITY THE CLINIC IS TO REVENT OR TREAT PATIENTS' MEDICAL CONDITIONS BEFORE THE Y UNESSES, TWO MIDLEVEL PROVIDERS, MEDICAL RESIDENTS AND VOLUNITEER HEALTH CARE PROVIDED OR NURSES, TWO MIDLEVEL PROVIDERS, MEDICAL RESIDENTS AND VOLUNITEER HEALTH CARE PROVIDED OR SERVICES SUCH AS THIS ITS HE STATE CARE FOR PROVIDENS, MEDICAL RESIDENTS AND VOLUNITEER HEALTH CARE PROVIDES A FREE EVENING CLINIC ONE EVENING PER MONTH, STAFFED BY MEDICAL STUDENTS UNDER SUPERVITATIVE CA RE, DIAGNOSIS AND TREATMENT OF ILLNESSES AND INJURIES, MEDICATION ASSISTANCE AND ASSISTANCE IN OBTAINS SPECIALIST CARE FOR PATIENTS WITH COMPLEX CASES THE CLINIC ALSO SERVICES SUCH AS THIS IN THE STATE OF SOUTH DAKOTA THE CLINIC ALSO SERVES TO TRAIN PHYSICIANS, NURSES AND OTHER HEALTH CARE STUDENTS IN TURDER SUPERVISION OF PHYSICIANS AVERA MCKENNAN IS THE ONLY HEALTH CARE ORGANIZATION TO PR

Form and Line Reference	Explanation
PART VI, LINE 5	HILDREN'S MENTAL HEALTH TOPICS SUCH AS CONFLICT CYCLES, REACTIVE ATTACHMENT DISORDER, DEPR ESSION AND BIPOLAR DISORDER IN CHILDREN, AND TEEN SUBSTANCE USE, ABUSE AND ADDICTION 4 THE AVERA BEHAVIORAL HEALTH CENTER OFFERS FREE MONTHLY EDUCATIONAL SESSIONS ON VARIOUS TOPI CS FOLLOWED BY DISCUSSION FOR ADULTS WHO HAVE BEEN IMPACTED BY A LOVED ONE'S MENTAL ILLNES S TOPICS HAVE INCLUDED GRIEF AND LOSS, ANXIETY, AND PARENTING STRATEGIES FOR MANAGING CHA LLENGING BEHAVIORS 5 WOMEN'S & CHILDREN'S SERVICES OFFERS A NUMBER OF PARENTING AND COMMUNITY EDUCATION OPPORTUNITIES, FOR FREE OR AT A MINIMAL COST IN FISCAL YEAR 2017, 86 CHILDBIRTH EDUCATION CLASSES WERE HELD WITH 480 ATTENDEES A TOTAL OF 7 PARENT AND FAMILY EDUCATION CLASSES WERE HELD WITH 89 ATTENDEES A TOTAL OF 86 CAR SEATS WERE ISSUED THROUGH THE SOUTH DAKOTA CHILD SAFETY SEAT DISTRIBUTION PROGRAM FREE BURN EDUCATION WAS PROVIDED TO 2,063 STUDENTS DURING PRESENTATIONS IN SCHOOLS 6 DAYCARE TRAINING FREE OF CHARGE, AVERA MCKENNAN OFFERS FOUR IN-SERVICE TRAINING SE SSIONS PER MONTH TO DAYCARE PROVIDERS THROUGH EMBE, WITH A TOTAL OF 28 SCHEDULED ANNUALLY, AND ADDITIONAL SESSIONS FOR REQUESTED TOPICS SUPPORT GROUPS AVERA MCKENNAN OFFERS APPRO XIMATELY 10 FREE SUPPORT GROUPS THEY RANGE IN TOPIC FROM CANCER TO LIVER DISEASE, DIABETE S, BONE MARROW TRANSPLANT, STROKE AND GRIEF AND LOSS THE ORGANIZATION PROVIDES FREE MEETI NG SPACE AS WELL AS SPEAKERS AND LEADERS INFORMATION AND ASSISTANCE AVERA MCKENNAN OPERA TES A 24-HOUR MEDICAL CALL CENTER, THROUGH WHICH PATIENTS HAVE ACCESS TO THE ASK-A-NURSE P ROGRAM PATIENTS CAN CALL A TOLL-FREE NUMBER AND TALK PERSONALLY WITH A REGISTERED NURSE T O ASK HEALTH QUESTIONS OR RECEIVE GENERAL HEALTH INFORMATION IN 2017, THE MEDICAL CALL CENTER, THROUGH WHICH SPANISH INTERPRETERS IN-HOUSE, AND THEIR SERVICES ARE OFFERED TO PATIENTS 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 AGE

Form and Line Reference	Explanation
FART VI, LINE O	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

990 Schedule H, Supplemental Information					
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 EFORT TO PROVIDE OBSTETRICS CARE FOR WOMEN WHO DO NOT QUALIFY FOR MEDICAID, BUT CANNOT AFFORD HEALTH INSURANCE THE PROGRAM OFFERS PREMATAL CARE, AND HOSPITAL LABOR AND DELIVERY SERVICES FOR A LOW FEE OF \$1,000 WOMEN RECEIVE CARE WHETHER THEY CAN COVER ANY OR ALL OF THE FEE CARE IS PROVIDED PRINARILY BY FIRST-YEAR FAMILY PRACTICE RESIDENTS, SUPERVISED WITH 26 BIRTHS AND PROVIDED 271 PREMATAL AND POST-PARTUM VISITS TRANSPORT TO TRANSPLANT AVERA MCKENNAN DEVELOPED THE TRANSPORT TO TRANSPLANT TO TRANSPLANT AVERA MCKENNAN DEVELOPED THE TRANSPORT TO TRANSPLANT PROJECT, WHICH REMOVES TRANSPORTATION BARRIERS FOR PATIENTS FROM RURAL AREAS WHICH MAY PREVENT THEM FROM COMMETTING THE EVALUATION AND TESTING NEEDED FOR KINDRY AND/OR PANCEAS 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 CONDENSE MULTI-Y. THE PROJECT RESULTS IN IMPROVED MORBIDITY AND MORTALITY, AS KIDNEY TRANSPLANT FOR VEALUAGES. THIS PROGRAM COMBINES POSITIVE ACTIVITIES LIKE VIOLIN LESSONS AND FAMILY WELLNESS. THIS PROGRAM COMBINES POSITIVE ACTIVITIES LIKE VIOLIN LESSONS AND FAMILY WELLNESS. THIS PROGRAM COMBINES POSITIVE ACTIVITIES LIKE VIOLIN LESSONS AND FAMILY WELLNESS. COORDINATION AT NO CHARGE FOR CHILDREN BEGINNING IN EARLY CHILDHOOD PROGRAMS IN THE SIGUX FALLS SCHOOL DISTRICT THE FAMILIES HAVE DURECT ACCESS TO MENTAL HEALTH. HE MOST DISTRICUT TO THE AVERA MCKENNAN LEAVEN THE MOST DISTRICUT THE FAMILIES HAVE DURECT ACCESS TO MENTAL HEALTH WELLNESS. THIS PROGRAM COMBINES POSITIVE ACTIVITIES LIKE VIOLIN LESSONS AND FAMILY WELLNESS. COORDINATION AT NO CHARGE FOR CHILDREN BEGINNING IN A REALY CHILDHOOD PROGRAMS IN THE SIGUX FALLS SCHOOL DISTRICT. THE FAMILIES HAVE DURECT ACCESS TO MENTAL HEALTH HE MOST DISTRICUT THE FAMILIES HAVE DURECT ACCESS. TO MENTAL HEAL				
	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 266 PRESCHOOL CHILDREN IN FISCAL YEAR 2017				

Software ID:

Software Version:

EIN: 46-0224743

Name: AVERA MCKENNAN

Form 990 Schedule H, Part V Section A. Hospital Facilities											
Section	A. Hospital Facilities	Licensi	Genera	Childre	Teachii	Critical	Resear	ER-24 hours	ER-other		
smallest How mai organiza 7	rder of size from largest to —see instructions) ny hospital facilities did the tion operate during the tax year? ——— ddress, primary website address, and	Licensed hospital	General medical & surgical	Children s hospital	Teaching hospital	Critical access hospital	Research facility	hours	ਦਾ		Facility
state lice	ense number									Other (Describe)	reporting group
1	AVERA MCKENNAN 1325 S CLIFF AVE SIOUX FALLS, SD 57117 WWW AVERAMCKENNAN ORG 10563	X	X	Х	X		X	Х		35 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		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		2 PROVIDER BASED CLINICS & 2 RURAL HEALTH PB CLINICS	
4	AVERA GREGORY HEALTHCARE CENTER 400 PARK AVE GREGORY, SD 57533 WWW AVERA ORG/GREGORY-HOSPITAL 54875	X	X			X		X		2 PROVIDER BASED CLINICS & 2 RURAL HEALTH PB CLINICS	
5	AVERA DELLS AREA HEALTH CENTER 909 N IOWA AVENUE DELL RAPIDS, SD 57022 WWW AVERA ORG/DELL-RAPIDS 50754	X	X			Х		Х		3 PROVIDER BASED CLINICS	

orm 99	orm 990 Schedule H, Part V Section A. Hospital Facilities										
(list in o smallest How ma organiza 7 Name, a	A. Hospital Facilities rder of size from largest to —see instructions) ny hospital facilities did the ition operate during the tax year? ddress, primary website address, and ense 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
6	AVERA FLANDREAU MEDICAL CENTER 214 N PRAIRIE FLANDREAU, SD 57028 WWW AVERA ORG/FLANDREAU-MEDICAL 10540	×	×			×		X		1 RURAL HEALTH PROVIDER BASED CLINIC	. 35
7	AVERA HAND COUNTY MEMORIAL HOSPITAL 300 W 5TH ST MILLER, SD 57362 WWW AVERA ORG/MILLER 53862	×	Х			X		X		1 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 2, 3₁, 5, 5₁, 5₂, 5₃, 5₄, 5₄, 5₅, 5₆, 5₇, | 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 | | | | |
| 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 HEART HOSPITAL OF SOUTH DAKOTA, PART V, SECTION B, LINE 5 IN CONDUCTING THE MOST RECENT CHNA, HEART HOSPITAL OF SOUTH

HC 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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

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

V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference

'
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

Explanation

CENTER CHNA TEAM MEMBERS ALSO ATTENDED LOCAL AND COUNTY GOVERNMENT MEETINGS TO SOLICIT FEEDBACK 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 2, 31, 5,

6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 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					
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
AVERA FLANDREAU MEDICAL CENTER	PART V, SECTION B, LINE 5 COMMUNITY INPUT WAS SOLICITED USING FOCUS GROUPS AND A

ID 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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 AVERA HAND COUNTY MEMORIAL PART V, SECTION B, LINE 5 THE HOSPITAL USED A SURVEY TOOL TO BEGIN THE PROCESS OF

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

AVEDA MCKENNAN	COMMITTEE MEMBERS, MILLER SCHOOL GUIDANCE COUNSELOR, ON HAND DEVELOPMENT LEADERSHIP AND HAND COUNTY PUBLIC HEALTH NURSE PARTY SECTION B. LINE GA. THE CHINA WAS CONDUCTED WITH HEART HOSPITAL OF SOUTH
	COMMUNITY SERVED IN ADDITION, COMMUNITY SMALL GROUPS WERE SELECTED FOR PRESENTATION AND DIALOGUE THESE CONSISTED OF AHCMH AUXILIARY, FOUNDATION
	MEMBERS DURING WINTER OF 2015 THESE GROUPS REPRESENTED A CROSS SECTION OF THE
	HEALTH STAFF, MILLER AREA HEALTH BOARD, MILLER SENIOR CITIZENS AND HOSPITAL AUXILIARY
HOSPITAL	QUALITATIVE DATA COLLECTION THE SURVEY WAS AVAILABLE TO HAND COUNTY COMMUNITY

PART V, SECTION B, LINE 6A THE CHNA WAS CONDUCTED WITH HEART HOSPITAL OF SOUTH AVERA MCKENNAN

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 2, 31, 5,

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 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

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

6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each

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 2, 3], 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
HEART HOSPITAL OF SOUTH DAKOTA, LLC	PART V, SECTION B, LINE 6B SIOUX FALLS HEALTH DEPARTMENT
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 HAS BEEN ORGANIZED WITH AVERA MCKENNAN BEHAVIORAL HEALTH LEADERSHIP PARTICIPATING THE FORCE IS WORKING TO DEFINE THE COMMUNITY'S BEHAVIORAL HEALTH STATUS, DEMOGRAPHICS AND ISSUES AND DEVELOPING AN ACTION PLAN THIS INVOLVES 12 OTHER HEALTH CARE, NON-PROFIT AND CITY AGENCIES AVERA MCKENNAN PARTICIPATED IN THE HAYWARD THRIVE PROJECT, EDUCATING AN UNDERSERVED NEIGHBORHOOD ON FOOD PREPARATION, GARDENING, GROCERY SHOPPING, WELLNESS SCREENINGS AND COMMUNITY ENGAGEMENT ALONG WITH A BLOCK PARTY THE ORGANIZATION CONTINUES TO SUPPORT THE SIOUX EMPIRE NETWORK OF CARE DEVELOPMENT AND EXPANSION TO COORDINATE CARE ACCESS THE FACILITY ALSO PILOTED A PROJECT TO ADDRESS TRANSPORTATION FOR APPOINTMENTS AND ACCESS TO MEDICATIONS RESULTS WERE MIXED, BUT OTHER AVENUES ARE BEING EXPLORED ON A TRIAL BASIS AVERA MCKENNAN WORKED WITH A LOCAL GROCER, PAROCHIAL GRADE SCHOOL AND LOCAL NON-PROFIT GROUNDWORKS, TO PROVIDE THIRD GRADERS WITH MONTHLY EDUCATION ON HEALTH/WEILNESS. FOOD CHOICES AND PREPARATION AND

WITH MONTHLY EDUCATION ON HEALTH/WELLNESS, FOOD CHOICES AND PREPARATION AND

EXERCISE YOUTH, 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 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 2, 31, 5.

6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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, 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) HEART HOSPITAL PARTICIPATED IN THE HAYWARD THRIVE PROJECT. EDUCATING AN UNDERSERVED NEIGHBORHOOD ON FOOD PREPARATION, GARDENING, GROCERY SHOPPING, WELLNESS SCREENINGS AND COMMUNITY ENGAGEMENT ALONG WITH A BLOCK PARTY THE FACILITY CONTINUES TO EXPLORE AVENUES TO ADDRESS TRANSPORTATION FOR PATIENTS THROUGH THE CITY AND ASSOCIATION WITH AVERA MCKENNAN HEART HOSPITAL CONTINUES TO WORK ON IMPLEMENTATION OF AND AVERA GREGORY HEALTHCARE CENTER

HEART HOSPITAL OF SOUTH DAKOTA, LLC

PARTICIPATION IN PLANS TO ADDRESS COMMUNITY EDUCATION ON OBESITY AND ASSOCIATED FACTORS ALONG WITH ACCESS TO CARE 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.

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, OBESITY/DIABETES AND TOBACCO USE THE FACILITY IS

WORKING WITH FEASIBILITY STUDY FIRMS TO CONDUCT A COMMUNITY SURVEY ON THE PLANNED

NEW FACILITY TWO NURSES HAVE BEEN EDUCATED AND CERTIFIED TO EVALUATE FOR

COMPETENCY, MONITOR AND SUPERVISE THE SCHOOL'S UNLICENSED ASSISTIVE PERSONNEL THE

NURSES CONTINUE WORKING WITH THE SCHOOL AND THESE PERSONNEL BEYOND INITIAL TRAINING AS WELL THE ADMINISTRATOR AND MAYOR CONTINUE DISCUSSIONS ON EXERCISE

TRAILS AND FACILITIES THE SERVICE EXCELLENCE TEAM WORKED WITH A LOCAL GROCER ON

PROMOTION AND EDUCATION ON BENEFITS OF EATING FRUITS AND VEGETABLES TOBACCO

CESSATION EDUCATION IS OFFERED AT EVERY CLINICAL VISIT FOR PATIENTS WHO SMOKE CPR

TRAINING WAS ALSO PROVIDED TO HIGH SCHOOL SENIORS OTHER CHNA IMPLEMENTATION PLANS

CONTINUE AS WELL

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 2, 31, 5,

	g group, designated by facility reporting group letter and hospital facility line number from Part "B, 3," etc.) and name of hospital facility.
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 RECRUITING A PSYCHOLOGIST SCHEDULED TO START IN JUNE 2018 AND PARTICIPATION IN MONTHLY CHILD PROTECTION TEAM MEETINGS WITH LAW ENFOREMENT, COMMUNITY HEALTH, SCHOOL AND ICAP OFFICIALS TELEPHONIC TRANSLATION SERVICES HAVE BEEN ADDED AS WELL AS UTILIZING BILINGUAL EMPLOYEES WITHIN THE HEALTHCARE FACILITY AND IN PERSON TRANSLATOR SERVICES WHEN NECESSARY THE FACILITY IS HOSTING, DEVELOPING AND/OR PLANNING EDUCATION TO PARENTS,

6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each

PROVIDERS AND COMMUNITY MEMBERS ON A VARIETY OF TOPICS SUCH AS SUBSTANCE ABUSE, NUTRITION, HEALTH LIFESTYLE CHOICES AND FACILITY OFFERINGS. 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** 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 HAS PARTICIPATED IN AND SUPPORTED LOCAL COMMUNITY EVENTS, UTILIZED LOCAL NEWSPAPER FOR FACILITY ARTICLES, AND DEPLOYED ONLINE TOOLS TO PROMOTE HEALTHCARE SERVICES AWARENESS. A HELIPORT WAS CONSTRUCTED ON CAMPUS

FOR EMERGENT PATIENT TRANSPORT FREE 30-DAY GYM MEMBERSHIPS WERE GIVEN TO NEW

COMMUNITY MEMBERS, EXERCISE EQUIPMENT DONATED TO LOCAL SCHOOLS, FREE DIETARY CONSULTS

PROVIDED TO IDENTIFIED PATIENTS AND PARTICIPATION IN LOCAL WELLNESS ACTIVITIES

CONDUCTED GREATER CONVENIENCE TO CARE WAS INDENTIFIED IN THE ASSESSMENT BUT WILL NOT

OUTSIDE OF 8-5 AND THE CLINIC DOES NOT HAVE THE FINANCIAL RESOURCES TO EXPAND FURTHER

BE FURTHER ADDRESSED BY THE FACILITY CLINIC HOURS ALREADY INCLUDE EXPANSION TO HOURS

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

	group, designated by facility reporting group letter and hospital facility line number from Part B, 3," etc.) and name of hospital facility.
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 FREE DIETARY CONSULTATIONS HAVE BEEN PROVIDED BY A REGISTERED DIETICIAN TO COMMUNITY MEMBERS THE PUBLIC HEALTH OFFICE HAS PROVIDED NUTRITION EDUCATION THROUGHOUT THE SCHOOL YEAR AT THE LOCAL ELEMENTARY SCHOOL AND VARIETY OF HEALTH AND CAREER TOPICS TO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each

HIGH SCHOOL STUDENTS PROVIDERS HAVE BEEN EDUCATED ON COORDINATED CARE SERVICES AND THE HEALTH TRACKER TOOL AND COORDINATORS ARE PHYSICALLY ON SITE EVERY OTHER WEEK THE FACILITY CONTINUES TO PROMOTE. SUPPORT AND PARTICIPATE IN COMMUNITY WELLNESS ACTIVITIES AND PROVIDE SCREENING SERVICES AT LOCAL EVENTS. A NEW WEBSITE HAS BEEN DEPLOYED AND EFFORTS CONTINUE IN A VARIETY OF AVENUES TO PROMOTE HEALTH CARE SERVICES AWARENESS EARLY CLINIC HOURS HAVE BEEN ADDED. SCREENING AVAILABILITY EXPANDED AND A FOURTH PROVIDER ADDED TO EXPAND CARE OPTIONS AVERA HAND COUNTY MEMORIAL HOSPITAL HOUSING MULTIPLE EDUCATION PROGRAMS HAVE BEEN HELD AT THE FACILITY TO EDUCATE

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

COMMUNITY MEMBERS ON PORTAL SERVICES, BENEFITS OF SIGNUP AND CONTINUED ACCESS AS WELL

AS AT LOCAL FARM SHOW, AND ONE ON ONE EDUCATION WHEN NEEDED PROVIDERS AND

SUPERVISORS HAVE BEEN EDUCATED ON THE TRANSPORTATION PROVIDERS, THEIR SCHEDULES AND

CHANGES. AND OFFER TRANSPORTATION ASSISTANCE WHO NEED THE SERVICE. THE ADMINISTRATOR

TO DEVELOP AFFORDABLE HOUSING OPPORTUNITIES IN THE REGION.

SERVES ON THE LOCAL HOUSING DEVELOPMENT AND HOUSING COMMITTEES WORKING WITH THE CITY

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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 990 Part V Section C Supplemental Information for Part V, Section B.

Form and Line Reference

Torrit 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

Evalanation

AND THE AMOUNT OF CHARITY CARE TO PROVIDE HEART HOSPITAL OF SOUTH DAKOTA, LLC 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 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

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

v, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of nospital facility.	
Form and Line Reference	Explanation
AVEDA CRECORY HEALTHCARE CENTER	DART V. SECTION B. LINE 13H. DESCIMPTIVE CHARITY CARE MAY BE ARRITED IN SITUATIONS

PART V, SECTION B, LINE 13H PRESUMPTIVE CHARITY CARE MAY BE APPLIED IN SITUATIONS AVERA GREGORY HEALTHCARE CENTER 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

PART V. SECTION B. LINE 13H PRESUMPTIVE CHARITY CARE MAY BE APPLIED IN SITUATIONS

AVERA MILBANK AREA HOSPITAL 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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 990 Part V Section C Supplemental Information for Part V, Section B.

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 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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 990 Part V Section C Supplemental Information for Part V, Section B.

Form and Line Reference Explanation AVERA HAND COUNTY MEMORIAL 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

HOSPITAL THE DISCRETION TO WEIGH EXTENUATING CIRCUMSTANCES WHEN DETERMINING ELIGIBILITY FOR AND THE AMOUNT OF CHARITY CARE TO PROVIDE

PART V. SECTION B. LINE 16J A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN AVERA MCKENNAN

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 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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 HEART HOSPITAL OF SOUTH DAKOTA, LLC PART V. SECTION B. LINE 16J A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED IN

	INCLUDED ON THE BILLING STATEMENT
AVERA GREGORY HEALTHCARE CENTER	PART V, SECTION B, LINE 16J 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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

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

AVERA MILBANK AREA HOSPITAL PART V, SECTION B, LINE 16J 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 AVERA DELLS AREA HEALTH CENTER PART V. SECTION B. LINE 16J 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 990 Part V Section C Supplemental Information for Part V, Section B.

Form and Line Reference	Explanation
AVERA FLANDREAU MEDICAL CENTER	PART V, SECTION B, LINE 16J 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

AVERA HAND COUNTY MEMORIAL
HOSPITAL

PART V, SECTION B, LINE 16J 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

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

V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Cause and Luca Dafavanas

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

Cumbon attack

HEART HOSPITAL OF SOUTH DAKOTA, LLC

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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

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

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

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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

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

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

AVERA ELANDREAL MEDICAL CENTER

PART V, SECTION B, LINE 20E, IE A PATIENT IS SELF-PAY AND HAS A LARGE BALANCE AN AVERA

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 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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 AVERA HAND COUNTY MEMORIAL 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 HOSPITAL ELIGIBLE FOR ANY OTHER COVERAGE, THE PATIENT IS GIVEN A FINANCIAL ASSISTANCE APPLICATION TO COMPLETE AND RETURN TO THE FACILITY

PART V. SECTION B. LINE 24 INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT

AVERA MCKENNAN

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 2, 31, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 161, 18e, 19e, 20e, 21c, 21d, 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

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

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.

6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 31, 5,

CHARGED GROSS CHARGES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE, HOWEVER MAY BE CHARGED GROSS CHARGES FOR ELECTIVE CARE	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
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PART V, SECTION B, LINE 24 INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT CHARGED GROSS CHARGES FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. HOWEVER

AVERA FLANDREAU MEDICAL CENTER

MAY BE CHARGED GROSS CHARGES FOR ELECTIVE CARE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 990 Part V Section C Supplemental Information for Part V, Section B.

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

nat Are Not Licensed, Registered, or Similarly Recognized as
sed, Registered, or Similarly Recognized as a Hospital
on operate during the tax year?
Type of Facility (describe)
INPATIENT & OUTPATIENT BEHAVIORAL HEALTH SERVICES
RETAIL PHARMACY
SKILLED NURSING FACILITY
COMPREHENSIVE HOME INFUSION THERAPIES & SUPPLIES
LABORATORY SERVICES
HIGH-RISK PREGNANCY CARE CLINIC
PRIMARY CARE CLINIC
PEDIATRIC SPECIALTIES CLINIC
SKILLED NURSING FACILITY
FITNESS CENTER
RETAIL PHARMACY
PRIMARY CARE CLINIC
ORTHOPEDIC CLINIC
RETAIL PHARMACY
GENETIC RESEARCH PROGRAM
1

Form 990 Schedule H, Part V Section D. Other Facilities Th a Hospital Facility	at Are Not Licensed, Registered, or Similarly Recognized as
Section D. Other Health Care Facilities That Are Not Licen Facility	sed, Registered, or Similarly Recognized as a Hospital
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organizatio	n operate during the tax year?
Name and address	Type of Facility (describe)
16 - LAUREL OAKS APARTMENTS 4510 S PRINCE OF PEACE PLACE SIOUX FALLS, SD 57103	INDEPENDENT LIVING APARTMENTS
17 - AVERA MEDICAL GROUP SIBLEY 600-9TH AVENUE NORTH SIBLEY, IA 51249	PRIMARY CARE CLINIC
18 - AVERA MEDICAL GROUP COMPREHENSIVE BREAST 1000 EAST 23RD STREET SUITE 360 SIOUX FALLS, SD 57105	SPECIALTY CLINIC
19 - AVERA RESEARCH INSTITUTE 3720 W 69TH ST SIOUX FALLS, SD 57108	CLINICAL RESEARCH STUDIES
20 - AVERA MEDICAL GROUP OPTOMETRY 702 TENTH STREET WORTHINGTON, MN 56187	OPHTHALMOLOGY AND OPTOMETRY CLINIC
21 - AVERA DERMATOLOGY PHARMACY 6701 SOUTH MINNESOTA AVENUE SIOUX FALLS, SD 57108	RETAIL PHARMACY
22 - AVERA MEDICAL GROUP OCCUPATIONAL MED 2100 S MARION RD SIOUX FALLS, SD 57106	BUSINESS AND CORPORATE HEALTH CARE CLINIC
23 - AVERA MEDICAL GROUP WOMEN'S MIDLIFE CARE 911 EAST 20TH STREET - SUITE 200 SIOUX FALLS, SD 57105	WOMEN'S SERVICES CLINIC
24 - AVERA MEDICAL GROUP OPTOMETRY 1006 4TH AVENUE WINDOM, MN 56101	OPHTHALMOLOGY AND OPTOMETRY CLINIC
25 - CURAQUICK AVERA CLINIC 3000 S MINNESOTA AVE SIOUX FALLS, SD 57105	PRIMARY CARE CLINIC
26 - AVERA MEDICAL GROUP BIG STONE CITY 451 MAIN STREET BIG STONE CITY, SD 57216	PRIMARY CARE CLINIC
27 - HEGG MEDICAL CLINIC AVERA 2121 HEGG DRIVE ROCK VALLEY, IA 51247	PRIMARY CARE CLINIC
28 - HEALTH CARE CLINIC 300 NORTH DAKOTA AVENUE SUITE 117 SIOUX FALLS, SD 57104	FREE HEALTHCARE CLINIC
29 - COMMUNITY BLOOD BANK 1301 SOUTH CLIFF AVENUE SUITE 3 SIOUX FALLS, SD 57105	COMMUNITY BLOOD SERVICES
30 - YORKSHIRE EYE CLINIC 2311 YORKSHIRE DRIVE BROOKINGS, SD 57006	OPHTHALMOLOGY AND OPTOMETRY CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities a Hospital Facility	s That Are Not Licensed, Registered, or Similarly Recognized as
Section D. Other Health Care Facilities That Are Not Li Facility	censed, Registered, or Similarly Recognized as a Hospital
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organiz	ation operate during the tax year?
Name and address	Type of Facility (describe)
31 - AVERA MEDICAL GROUP ESTHERVILLE 926 NORTH 8TH STREET ESTHERVILLE, IA 51334	PRIMARY CARE CLINIC
32 - RURAL MEDICAL CLINICS 301 SOUTH WALNUT STREET FREEMAN, SD 57029	PRIMARY CARE CLINIC
33 - DAKOTA FAMILY MEDICAL CENTER 101 SOUTH FRONT PO BOX 27 CHAMBERLAIN, SD 57325	PRIMARY CARE CLINIC
34 - PIPESTONE MEDICAL GROUP AVERA 920 - 4TH AVENUE SW PIPESTONE, MN 56164	PRIMARY CARE CLINIC
35 - AVERA MEDICAL GROUP MCGREEVY SALEM 740 SOUTH HILL SALEM, SD 57058	PRIMARY CARE CLINIC
36 - AVERA MEDICAL GROUP LARCHWOOD 916 HOLDER STREET PO BOX 8 LARCHWOOD, IA 51241	PRIMARY CARE CLINIC
37 - AVERA MEDICAL GROUP BUTTE 730 WILSON STREET BUTTE, NE 68722	SATELLITE PRIMARY CARE CLINIC
38 - AVERA MEDICAL GROUP ELKTON 203 ELK STREET ELKTON, SD 57026	SATELLITE PRIMARY CARE CLINIC
39 - AVERA MEDICAL GROUP FULDA 201 N ST PAUL AVENUE FULDA, MN 56131	SATELLITE PRIMARY CARE CLINIC
40 - AVERA MEDICAL GROUP LAKEFIELD 221 - 3RD AVENUE LAKEFIELD, MN 56150	SATELLITE PRIMARY CARE CLINIC
41 - AVERA MEDICAL GROUP VOLGA 210 KASAN AVENUE VOLGA, SD 57071	SATELLITE PRIMARY CARE CLINIC

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -				D	LN: 93493135001418
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Co	Governments mplete if the organiza	Other Assistand and Individuals Ition answered "Yes," o Attach to Form e I (Form 990) and its i	s in the United on Form 990, Part IV 990.	d States , line 21 or 22.		OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization						Employer identif	ication number
AVERA MCKENNAN						46-0224743	
Part I General Inform	ation on Grants	and Assistance				•	
the selection criteria used	to award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ No
	Assistance to Don	_	nd Domestic Governme		ganization answered "Yes"	on Form 990, Part IV, lir	ne 21, for any recipient
(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
2 Enter total number of sect	ion 501(c)(3) and g	overnment organizations	listed in the line 1 table .			•	3
3 Enter total number of other	er organizations liste	d in the line 1 table .				▶	0
For Paperwork Reduction Act Noti	ce, see the Instructio	ns for Form 990.	<u> </u>	Cat No 50055	:P	Se	chedule I (Form 990) 2016

Page 2

(5) (6)

(7)

Schedule I (Form 990) 2016

(3)

(4)

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

Part IV 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 Schedule I (Form 990) 2016

Additional Data

RONALD MCDONALD HOUSE

2001 S NORTON SIOUX FALLS, SD 57105

Software ID: Software Version:

46-0371152

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 **(b)** EIN (c) IRC section (d) Amount of cash

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)
_				ŕ
			l	

(e) Amount of non- (f) Method of valuation

(q) Description of

(h) Purpose of grant

or assistance

DONATION

501(C)(3)

non-cash assistance

176,267 FMV

DONATION

RENTED SPACE

SOUTH DAKOTA DEPARTMENT 46-6000364 STATE OF SD 15,000 OF HEALTH - ALL WOMEN COUNT 615 E 4TH STREET PIERRE, SD 57501

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 541.859 FMV **LEOUIPMENT** DARWIN FOUNDATION 37-1473821 DONATION 4600 EAST-WEST HWY SUITE 525

BETHESDA, MD 20814

DLN: 93493135001418

2015

OMB No 1545-0047

Schedule J

(Form 990)

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.qov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AVERA MCKENNAN

Employer identification number

46 0224742

			40-0224/43			
Pa	rt I Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	┌ First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgenumbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensi	at apply	y Do not check any boxes for methods			
	□ Compensation committee	Г	Written employment contract			
	Independent compensation consultant	Г	Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part V I	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control ;	oaymen	t?	4a		No
b	Participate in, or receive payment from, a supplemen	ital non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
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 compensation contingent on the net earnings of	, line 1a	a, did the organization pay or accrue any			
а	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 payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported on Form 990, Part VII, p					
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		

Schedule J (Form 990) 2015							Page Z
Part III Officers, Director	s, Trustees, Key Er	mployees, and Hig	hest Compensate	ed Employees. Use	duplicate copies i	f additional space is	needed.
For each individual whose compens instructions, on row (ii) Do not list Note. The sum of columns (B)(i)-(ii	any individuals that are	not listed on Form 990	, Part VII		-	·	
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

See Additional Data Table

Schedule J (Form 990) 2015

Cahadula 1 (Form 000) 201 F

Schedule J (Form 990) 2015 Page 3 Supplemental Information Part III 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 THE PRESIDENT & CEO'S COMPENSATION IS PAID BY A RELATED ORGANIZATION. AVERA HEALTH AVERA MCKENNAN RELIED ON THE

Schedule J (Form 990) 2015

LINE 3

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

Form 990, Schedule J, F	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees	3	
(A) Name and Title			W-2 and/or 1099-MIS (ii) Bonus &		(C) Retirement and other deferred compensation	(D) Nontaxable benefits		(F) Compensation in column (B) reported as deferred
		Compensation	incentive compensation	reportable compensation				on prior Form 990
1DAVID KAPASKA DO PRESIDENT & CEO	(1)	0	0	0	0	о	0	0
TRESIDENT & CEO	(11)	680,086	0	232,736	21,200	21,434	955,456	0
1LUIS ROJAS MD BOARD TRUSTEE	(1)	582,632	0	2,625	5,300			0
BOARD TROSTEE	(11)	0	0	0	0			0
2RICK KOOIMA MD BOARD TRUSTEE	(1)	279,022	0	3,142	0	25,736	307,900	0
BOARD TROSTEE	(11)	0	0	0	0			0
3JENNIFER MCKAY MD CHIEF OF STAFF UNTIL DEC	(1)	0	0	0	0	0	0	0
2016	(11)	265,629	0	294	16,660	344	282,927	0
4KAREN GARNAAS MD CHIEF OF STAFF AS OF JAN	(1)	230,091	0	2,302	4,535	13,995		0
2017	(11)	0	0	0	0			0
5BILL ROSSING MD BOARD TRUSTEE	(1)	303,159	0	2,615	5,300	500	311,574	0
BOARD TRUSTEE	(11)	0	0	0	0			0
6JULIE N NORTON SEC/TREAS & SRVP FINANCE	(1)	470,159	0	39,837	5,300	24,992	540,288	0
SEC/ TREAS & SKYP FINANCE	(11)	0	0	0	0			0
7LORI POPKES SR VICE PRESIDENT	(1)	290,439	0	22,746	2,962	23,126	339,273	0
SK VICE PRESIDENT	(11)	0	0	0	0			0
8DAVID FLICEK	(1)	0	0	0	0	0	0	0
CHIEF ADMINISTRATIVE OFFICER	(11)	484,384	0	125,520	15,900			0
9STEVE PETERSEN	(1)	0	0	0	0	23,186	648,990	0
AVP-PHARMACY	(11)	234,796	0	20,299	15,490			0
10MARY LEEDOM	(1)	187,106	0	1,674	0	26,080 321		0
AVP-SURGERY	(11)	0	0	1,074	0	321		0
11CURT HOHMAN SR VICE PRESIDENT	(1)	329,817	0	31,448	5,300	9,180	375,745	0
ON VICE TRESIDENT	(11)	0	0	0	0			0
12ARVIN SANTOS MD TRANSPLANT	(1)	1,113,805	0	2,247	5,300	25,736	1,147,088	0
TIVAIVSELAIVI	(11)	0	0	0	0			0
13HENDRIK KLOPPER MD NEUROSURGERY	(1)	1,156,918	0	3,295	5,300	23,990	1,189,503	0
NEUROSUNGENT	(11)	0	0	0	0			0
14BRIAN KNUTSON MD DERMATOLOGY	(1)	1,294,271	0	5,458	5,300	23,990	1,329,019	0
DERMATOLOGY	(11)	0	0	0	0			0
15STEVEN CONDRON MD	(1)	1,256,851	0	5,460	5,300	26,540	1,294,151	0
GASTROENTEROLOGY	(11)	0	0	0	0			0
16JEFFERY STEERS MD TRANSPLANT	(1)	1,113,956	0	11,752	5,300	23,990	1,154,998	0
HAMASI DAM	(11)	0	0	0	0			0
				<u> </u>		<u> </u>	1	<u> </u>

	, print - DO N	OT PROCESS	As File	ed Data -				DL	.N: 93	34931	.3500)1418
Schedule L (Form 990 or 990-	-EZ)				nterested	d Person	ıs		0	MB No	1545	-0047
		"Yes" on Forn			ia, 25b, 26, 2 V, line 38a o		or 28c,			2(11	6
			▶ Attach	to Form 990	or Form 99	0-EZ.				4) I '	U
Department of the Trea	surv	formation abou		e L (Form 99 vww. <i>irs.gov)</i>		and its instr	uctions i	s at		Open		
Internal Revenue Service Name of the organic				· · · · · · · · · · · · · · · · · · ·	10/11/200		Emple	yer ide	- tific		pecti	
AVERA MCKENNAN	ilizacion						Emple	yei iu	= IIIIIIC	ation i	IUIIID	=1
			. =0.17	\(\frac{1}{2}\)			46-02					
	ss Benefit Tra ete if the organiz								ne 40b			
	Name of disqua					ıfıed person an		Descript		(d	l) Corr	ected?
				0	rganization		t	ransact	on	Y	'es	No
							+					
Com	ns to and/or											
(a) Name of	orted an amount of the control of th	on Form 990, Pa (c) Purpose of	rt X, line 5, (d) Loan t	6, or 22	(e)Original principal amount	8a, or Form 99 (f)Balance due	(g) In default?	(I Appro	1)	(janiza i)Writ greeme	ten
(a) Name of interested version	(b) Relationship	on Form 990, Pa (c) Purpose of	rt X, line 5, (d) Loan t	6, or 22 to or from the	(e)Original principal amount	(f)Balance due	(g) In	(I Appro boar comm	n) ved by rd or	(i)Writ greeme	ten
(a) Name of Interested person (1)	(b) Relationship	on Form 990, Pa (c) Purpose of	rt X, line 5, (d) Loan t orgar	6, or 22 to or from the nization?	(e)Original principal	(f)Balance	(g) In default?	(I Appro- boar comm	ved by	(i)Writ greeme	ten ent?
(a) Name of Interested person 1) EFFERY	(b) Relationship with organization	on Form 990, Pa (c) Purpose of loan	rt X, line 5, (d) Loan t orgar	6, or 22 o or from the nization?	(e)Original principal amount	(f)Balance due	(g) In default?	(I Appro- boar comm	ved by	(ac	i)Writ greeme	ten ent?
(a) Name of Interested person 1) EFFERY	(b) Relationship with organization	on Form 990, Pa (c) Purpose of loan	rt X, line 5, (d) Loan t orgar	6, or 22 o or from the nization?	(e)Original principal amount	(f)Balance due	(g) In default?	(I Appro- boar comm	ved by	(ac	i)Writ greeme	ten ent?
(a) Name of Interested person 1) EFFERY	(b) Relationship with organization	on Form 990, Pa (c) Purpose of loan	rt X, line 5, (d) Loan t orgar	6, or 22 o or from the nization?	(e)Original principal amount	(f)Balance due	(g) In default?	(I Appro- boar comm	ved by	(ac	i)Writ greeme	ten ent?
(a) Name of Interested person (1)	(b) Relationship with organization	on Form 990, Pa (c) Purpose of loan	rt X, line 5, (d) Loan t orgar	6, or 22 o or from the nization?	(e)Original principal amount	(f)Balance due	(g) In default?	(I Appro- boar comm	ved by	(ac	i)Writ greeme	ten ent?
(a) Name of interested person (1) EFFERY STEERS MD	(b) Relationship with organization	on Form 990, Pa (c) Purpose of loan	rt X, line 5, (d) Loan t orgar	6, or 22 o or from the nization? From X	(e)Original principal amount	(f)Balance due	(g) In default? Yes No	(I Appro- boar comm	ved by	(ac	i)Writ greeme	ten ent?
(a) Name of Interested person (1) EFFERY STEERS MD Total Part III Grai	(b) Relationship with organization EMPLOYEE	con Form 990, Pa (c) Purpose of loan COMMUNITY NEEDS LOAN	rt X, line 5, (d) Loan t organ To	6, or 22 o or from the nization? From X sted Persoi	(e)Original principal amount 250,000	(f)Balance due 62,500	(g) In default? Yes No	(I Appro- boar comm	ved by	(ac	i)Writ greeme	ten ent?
(a) Name of Interested person (1) (1) (2) (3) (2) (4) (5) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(b) Relationship with organization EMPLOYEE nts or Assista plete if the org	con Form 990, Pa (c) Purpose of loan COMMUNITY NEEDS LOAN nce Benefitin anization answ	rt X, line 5, (d) Loan t organ To To g Interes wered "Yes	From X sted Persoi " on Form 9	(e)Original principal amount 250,000 * \$ 15. 90, Part IV,	(f)Balance due 62,500	(g) In default? Yes No	Approba	n) ved by rd or nittee? No	Yes Yes	i)Writ	ten ent?
(a) Name of interested person (1) EFFFERY STEERS MD Fotal Part III Grain Com	(b) Relationship with organization EMPLOYEE Ints or Assista plete if the orgested person (I	con Form 990, Pa (c) Purpose of loan COMMUNITY NEEDS LOAN	To To g Interested "Yestetween and the "To"	6, or 22 o or from the nization? From X sted Persoi	(e)Original principal amount 250,000 * \$ 15. 90, Part IV,	(f)Balance due 62,500	(g) In default? Yes No	Approba	ved by	Yes Yes	i)Writ	ten ent?
(a) Name of Interested person (1) EFFERY STEERS MD Total Part III Grai	(b) Relationship with organization EMPLOYEE Ints or Assista plete if the orgested person (I	con Form 990, Pa (c) Purpose of loan COMMUNITY NEEDS LOAN nce Benefiting anization answers and selections are between the control of the co	To To g Interested "Yestetween and the "To"	From X sted Persoi " on Form 9	(e)Original principal amount 250,000 * \$ 15. 90, Part IV,	(f)Balance due 62,500	(g) In default? Yes No	Approba	n) ved by rd or nittee? No	Yes Yes	i)Writ	ten ent?
(a) Name of Interested person (1) (1) (2) (3) (3) (4) (4) (5) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(b) Relationship with organization EMPLOYEE Ints or Assista plete if the orgested person (I	con Form 990, Pa (c) Purpose of loan COMMUNITY NEEDS LOAN nce Benefiting anization answers and selections are between the control of the co	To To g Interested "Yestetween and the "To"	From X sted Persoi " on Form 9	(e)Original principal amount 250,000 * \$ 15. 90, Part IV,	(f)Balance due 62,500	(g) In default? Yes No	Approba	n) ved by rd or nittee? No	Yes Yes	i)Writ	ten ent?
(a) Name of Interested person (1) (1) (2) (3) (2) (4) (5) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(b) Relationship with organization EMPLOYEE Ints or Assista plete if the orgested person (I	con Form 990, Pa (c) Purpose of loan COMMUNITY NEEDS LOAN nce Benefiting anization answers and selections are between the control of the co	To To g Interested "Yestetween and the "To"	From X sted Persoi " on Form 9	(e)Original principal amount 250,000 * \$ 15. 90, Part IV,	(f)Balance due 62,500	(g) In default? Yes No	Approba	n) ved by rd or nittee? No	Yes Yes	i)Writ	ten ent?
(a) Name of Interested person (1) (1) (2) (3) (2) (4) (5) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(b) Relationship with organization EMPLOYEE Ints or Assista plete if the orgested person (I	con Form 990, Pa (c) Purpose of loan COMMUNITY NEEDS LOAN nce Benefiting anization answers and selections are between the control of the co	To To g Interested "Yestetween and the "To"	From X sted Persoi " on Form 9	(e)Original principal amount 250,000 * \$ 15. 90, Part IV,	(f)Balance due 62,500	(g) In default? Yes No	Approba	n) ved by rd or nittee? No	Yes Yes	i)Writ	ten ent?

Additional Data

VINCENTA ROSSING

MATTHEW LEEDOM

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested (a) Name of interested person (b) Relationship (c) Amount of

FAMILY OF BOARD

FAMILY OF KEY

MEMBER

EMPLOYEE

between interested transaction person and the organization

d Persons			
	(d) Description of transaction		

41,084 EMPLOYEE COMPENSATION

80,294 EMPLOYEE COMPENSATION



No

No

Nο

of

revenues?

Yes

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No SARAH KAPPEL FAMILY OF KEY 105.020 EMPLOYEE COMPENSATION Nο EMPLOYEE KATHERINE SMIDT FAMILY OF BOARD 141,026 EMPLOYEE COMPENSATION No MEMBER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No ALLISON CHRISTENSEN FAMILY OF KEY 56,802 EMPLOYEE COMPENSATION Nο EMPLOYEE VICTORIA PETERSEN FAMILY OF KEY 40,194 EMPLOYEE COMPENSATION No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No ASHLEY STEFFEN FAMILY OF KEY 71.086 EMPLOYEE COMPENSATION Nο EMPLOYEE DEANN MATTHIESSEN FAMILY OF KEY 85,046 EMPLOYEE COMPENSATION No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No RICHARD CRAWFORD FAMILY OF BOARD 282.622 EMPLOYEE COMPENSATION Nο MEMBER NICK CHRISTENSEN FAMILY OF KEY 65,357 EMPLOYEE COMPENSATION No

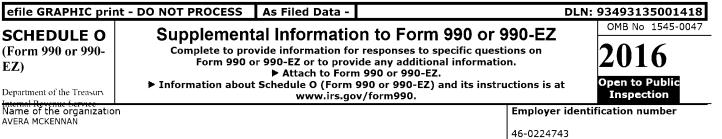
Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No KATHY KOOIMA FAMILY OF BOARD 34.961 EMPLOYEE COMPENSATION Nο MEMBER KRISTY MICKELSON FAMILY OF KEY 49,106 EMPLOYEE COMPENSATION No EMPLOYEE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No CHRISTIANE MAROUN MD FAMILY OF BOARD 133,515 EMPLOYEE COMPENSATION Nο MEMBER KIMBERLEE MCKAY MD FAMILY OF BOARD 474,828 EMPLOYEE COMPENSATION No

MEMBER

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues?

				Yes	No
GRANT FLICEK	FAMILY OF KEY	50.745	EMPLOYEE COMPENSATION		No



990	Sched	ule O,	Supp	lementa	l Info	ormation

Return Reference	Explanation
FORM 990, PART III, LINE 4A	INTERPRETER SERVICE AVERA MCKENNAN EMPLOYS TWO FULL-TIME SPANISH INTERPRETERS IN-HOUSE, A ND 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 PREMATAL AND DELIVERY CARE BECAUSE EARLY AND REGULAR PRENATAL CARE IS IMPORTANT TO PREVENT PREMATAL AND DELIVERY CARE BECAUSE EARLY AND REGULAR PRENATAL CARE IS IMPORTANT TO PREVENT PREMATURE BIRTH, AVERA MC KENNAN 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 SERVICES FOR A LOW FEE OF \$1,000 WOMEN RECEIVE CARE WHE THER 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 2017, A VERA MCKENNAN ASSISTED WITH 26 BIRTHS AND PROVIDED 271 PRENATAL AND POST-PARTUM VISITS TR ANSPORT 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 PANOREAS TRANSPORT ATION BARRIERS FOR PATIENTS FROM RURAL AREAS WHICH MAY PREVENT THEM FROM COMPLETING THE EVALUATION AND TESTING NEEDED FOR KIDNEY AND/OR PANOREAS TRANSPORT AND FUNDED THE TRANSPORT TO THANSPORT 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 TRANS PLANT DOUBLES PATIENT SURVIVAL AS COMPARED TO REMAINING O

Return Reference	Explanation
FORM 990, PART III, LINE 4A	GUESTS ARE NOT TURNED AWAY DUE TO INABILITY TO PAY THE FEE EMPLOYEES REGULARLY DONATE N ON-PERISHABLE FOOD ITEMS TO STOCK A FOOD PANTRY FOR GUESTS IN FY2017, THE WALSH FAMILY VI LLAGE SERVED 6,769 GUESTS, STAYING IN 4,015 NIGHTLY ROOMS, AN 88 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 WIT H FACE IT TOGETHER SIOUX FALLS, A NONPROFIT ORGANIZATION WHICH SERVES AS THE LOCAL FACE AN D VOICE FOR RECOVERY FROM ADDICTION THROUGH IT'S RECOVERY SUPPORT SERVICES, ADVOCACY AND AW ARENESS 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 PEOPL E AND COMMUNITIES THROUGHOUT EASTERN SOUTH DAKOTA, SOUTHWESTERN MINNESOTA AND NORTHWEST IO WA THROUGH HOME TOWN CONNECTIONS PROVIDING A CRITICAL FEEDBACK LINK TO LOCAL REFERRING DO CTORS, 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 EXTE NSION OF THE COMMUNITY'S DOWNTOWN SCULPTUREWALK ARTISTS DONATE SCULPTURES FOR ONE YEAR, W HICH 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 APPRO XIMATELY 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 SO UTH DAKOTA BOARD OF NURSING TO IMPLEMENT ECONSULT SERVICES WITH DIABETICS IN THE SCHOOLS AND THE SO UTH DAKOTA BOARD OF NURSING TO IMPLEMENT ECONSULT SERVICES WITH DIABETIC EDUCATION SPECIAL ISTS MONITORING MEDICATIONS AND THE HEALTH OF CHILDREN WITH DIABETES IN THE SCHOOLS AND THE SOUTH DAKOTA BOARD OF NURSING TO IMPLEMENT ECONSULT SERVI

Return Explanation

FORM 990, PART VI, EXISTING UNDER THE LAWS OF THE STATE OF SOUTH DAKOTA AND EXEMPT UNDER SECTION 501(C)(3) OF THE SECTION A, LINE 6

Return Explanation
Reference

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

Return

Reference	·
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 MINISTRY ASSOCIATED 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 BOARD OF DIRECTORS OF THE CORPORATION 9) TO APPROVE EXPENDITURES OUTSIDE OF OPERATING 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

Explanation

Return Explanation
Reference

LINE 8B

FORM 990, AVERA MCKENNAN DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING PART VI, BODY
SECTION A.

Return Explanation
Reference

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

Return

Reference	·
FORM 990,	THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES AT EACH BOARD
PART VI,	MEETING, A REQUEST IS MADE FOR ALL BOARD MEMBERS TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST
SECTION B,	PERTAINING TO ANY ITEM LISTED ON THE AGENDA OR PERTAINING TO ANY POTENTIAL ITEM THAT COULD BE
LINE 12C	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

Explanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE PRESIDENT/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 ANNUALLY, THE COMPENSATION COMMITTEE OF AVERA MCKENNAN, WHICH IS COMPRISED OF BOARD MEMBERS, MEETS TO REVIEW THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES 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 Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C, INSTRUCTIONS AND THEREFORE AVAILABLE TO THE GENERAL PUBLIC THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ATTACHED TO THE FORM 990 PER IRS

Return

Reference	Zaplanation
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

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Return Reference

FORM 990, MEDICAL FEES PROGRAM SERVICE EXPENSES 8,012,774 MANAGEMENT AND GENERAL EXPENSES 236,829
PART IX. FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,249,603 FFS OTHER PROGRAM SERVICE EXPENSES 52,655,704

LINE 11G

MANAGEMENT AND GENERAL EXPENSES 90,813,834 FUNDRAISING EXPENSES 77,772 TOTAL EXPENSES 143,547,310

RESEARCH EXPENSES PROGRAM SERVICE EXPENSES 2,568,050 MANAGEMENT AND GENERAL EXPENSES 0

FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,568,050 SHARED SERVICES PROGRAM SERVICE EXPENSES 105,893

MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 105.893

Return

Reference	Explaitation
FORM 990,	THE ISSUE PRICE INCLUDES THE FILING ORGANIZATION'S SHARE OF THE ENTIRE BOND ISSUE, WHICH WAS ISSUED
PART X,	TO AVERA HEALTH ON BEHALF OF THE AVERA OBLIGATED GROUP THE AVERA OBLIGATED GROUP CONSISTS OF
LINE 20	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)

Explanation

Return Explanation
Reference

FORM 990, PART XI, LINE 9

990 Schedule O, Supplemental Information

Return

LINE 2C

Reference	
FORM 990,	THE AUDIT COMMITTEE OF AVERA HEALTH, THE PARENT ORGANIZATION OF AVERA MCKENNAN, SELECTS THE
PART XII	ALIDITOR AND REVIEWS THE ALIDITED FINANCIAL STATEMENTS FOR AVERA MCKENNAN, ALSO, THE FINANCE

Explanation

COMMITTEE AT AVERA MCKENNAN TAKES RESPONSIBILITY FOR REVIEWING THE AUDITED FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

2016

DLN: 93493135001418 OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990.

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

Name of the organization AVERA MCKENNAÑ Part I

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

46-0224743 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) SIOUX FALLS HOSPITAL MANAGEMENT LLC MANAGEMENT COMPANY OF NC 19,182,376 WEST 69TH STREET LLC 6,250,640 1325 S CLIFF AVE PO BOX 5045 HEART HOSPITAL SIOUX FALLS, SD 571175045 56-2141521 (2) WEST 69TH STREET LLC SD 19,182,376 AVERA MCKENNAN HOLDING COMPANY 6,250,640 1325 S CLIFF AVE PO BOX 5045 SIOUX FALLS, SD 571175045 46-0224743 (3) ALUMEND LLC RESEARCH AND SD -2,568,051 1,627,816 AVERA MCKENNAN 1325 S CLIFF AVE PO BOX 5045 DEVELOPMENT SIOUX FALLS, SD 571175045 46-0224743 (4) MRIS LLC HEALTHCARE SERVICES SD 0 0 AVERA MCKENNAN 1325 S CLIFF AVE PO BOX 5045 SIOUX FALLS, SD 571175045 47-0874983 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat No 5013	5Y		Schedule R (Form	990) 20	16

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)	(b)	(c)	(d)	(e)	(f)	(g)	(H		(1)	()		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity		Share of total income		Dispropi allocal	tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen o mana parti	eral r aging ner?	Percentage ownership
							Yes	No		Yes	No	
(1) AVERA HOME MEDICAL EQUIPMENT OF FLOYD LLC 714 LINCOLN ST NE LEMARS, IA 51031 82-0582350	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT	SD	N/A									
(2) 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									
(3) Q&M PROPERTIES LLC 525 NORTH FOSTER MITCHELL, SD 57301 73-1652049	MEDICAL CLINIC BUILDING	SD	AVERA QUEEN OF PEACE	EXCLUDED		339,443		No			No	50 000 %
(4) SURGICAL ASSOCIATES ENDOSCOPY CLINIC LLC 310 S PENNSYLVANIA ST ABERDEEN, SD 57401 46-0461429	SURGICAL ASSOCIATES	SD	N/A									
(5) 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									
(6) HEART HOSPITAL OF SOUTH DAKOTA LLC 4500 W 69TH STREET SIOUX FALLS, SD 57108 56-2143771	HEALTHCARE SERVICES	SD	AVERA MCKENNAN	RELATED	12,501,279	38,364,752		No			No	66 670 %
(7) BROOKINGS HEALTH SYSTEM - AVERA HME LLC 101 22ND AVE SUITE 101 BROOKINGS, SD 57006 45-3204123 Part IV Identification of Related Organizations Taxable as a	MEDICAL SERVICES - HOME MEDICAL EQUIPMENT		N/A									

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	Sectio (b)(contr enti	on 512 [13] Folled
(1)ACCOUNTS MANAGEMENT INC 5132 S CLIFF AVE SUITE 101 SIOUX FALLS, SD 57108 46-0373021	COLLECTION AGENCY	SD	N/A	С				ies	No
(2)AVERA PROPERTY INSURANCE INC 610 W 23RD ST STE 1 PO BOX 38 YANKTON, SD 57078 46-0463155	INSURANCE	SD	N/A	С					No
(3)VALLEY HEALTH SERVICES 501 SUMMIT STREET YANKTON, SD 57078 46-0357149	RENTAL REAL ESTATE	SD	N/A	С					No
(4)ALUCENT MEDICAL INC 1325 S CLIFF AVENUE PO BOX 5045 SIOUX FALLS, SD 571175045 47-1818349	BIOTECHNOLOGY	SD	ALUMEND LLC	С	-4,400,929		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	С					No
(6)DAKOTACARE ADMINISTRATIVE SERVICES INC 2600 W 49TH STREET SIOUX FALLS, SD 57105 46-0424322	INSURANCE	SD	N/A	С					No

(1)AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC

(2)AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC

(3)AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC

(4)AVERA HEART HOSPITAL OF SOUTH DAKOTA LLC

			ige 3								
Part V Transactions With Related Organizations Complete if the organization	inswered "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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity.			No								
b Gift, grant, or capital contribution to related organization(s)		Yes									
${f c}$ Gift, grant, or capital contribution from related organization(s)			No								
d Loans or loan guarantees to or for related organization(s)	- 1	Yes									
e Loans or loan guarantees by related organization(s)			No								
f Dividends from related organization(s)			No								
g Sale of assets to related organization(s)			No								
h Purchase of assets from related organization(s)			No								
i Exchange of assets with related organization(s)	I 1		No								
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)			No								
k Lease of facilities, equipment, or other assets from related organization(s)			No								
I Performance of services or membership or fundraising solicitations for related organization(Yes									
m Performance of services or membership or fundraising solicitations by related organization(Yes									
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .			No								
o Sharing of paid employees with related organization(s)		Yes	\vdash								
• Sharing or paid employees with related organization(3).			H								

h Purchase of assets f	rom related organization(s)	1h		No
i Exchange of assets w	vith related organization(s)	1i		No
j Lease of facilities, eq	juipment, or other assets to related organization(s)	1j		No
k Lease of facilities, ed	quipment, or other assets from related organization(s)	1k		No
I Performance of servi	ces or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of servi	ces or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, e	equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid emp	loyees with related organization(s)	10	Yes	
p Reimbursement paid	d to related organization(s) for expenses	1 p		No

(b)

Transaction

type (a-s)

R

S

L

(c)

Amount involved

2,818,938

10,966,748

2,085,040

874,317

(d)

Method of determining amount involved

Schedule R (Form 990) 2016

INTERCOMPANY DETAIL FROM GL

INTERCOMPANY DETAIL FROM GL

INTERCOMPANY DETAIL FROM GL

INTERCOMPANY DETAIL FROM GL

(a) Name of related organization

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

1													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Page 5 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 THE AMOUNTS REPORTED IN COLUMN C ARE REPORTED BASED ON A REVIEW OF GENERAL LEDGER ACTIVITY IN INTERCOMPANY ACCOUNTS, AND REVIEW OF 2, COLUMN C EQUITY ACCOUNTS FOR CONTRIBUTIONS AND DISTRIBUTIONS

Schedule R (Form 990) 2016

Software ID: Software Version:

EIN: 46-0224743

Name: AVERA MCKENNAN

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

Form 990, Schedule R, Part II - Identification of Rela			1	1	1	1 .	
(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	Section (b)(1 contro entit	n 512 13) olled
						Yes	No
(1) 300 N 2ND STREET ONEILL, NE 68763 47-0463911	HEALTHCARE SERVICES	NE 	501(C)(3)	LINE 3	AVERA HEALTH		No
(1)	HEALTHCARE SERVICES	IA	501(C)(3)	LINE 3	AVERA HEALTH		No
826 NORTH 8TH STREET ESTHERVILLE, IA 51334 42-0680370							
(2)	FUNDRAISING	IA	501(C)(3)	LINE 10	AVERA HOLY FAMILY		No
826 NORTH 8TH STREET ESTHERVILLE, IA 51334 42-1317452							
(3)	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
401 WEST GLYNN DRIVE PARKSTON, SD 57366 46-0226738							
(4)	SUPPORT HEALTH RELATED SERVICES	SD	501(C)(3)	LINE 12A, I	ST BENEDICT HEALTH CENTER		No
WEST GLYNN DRIVE PO BOX B PARKSTON, SD 57366 46-0458725							
(5)	PROMOTION OF HEALTH	SD	501(C)(3)	LINE 10	N/A		No
3900 WEST AVERA DRIVE STE 300 SIOUX FALLS, SD 57108 46-0422673							
(6)	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
525 NORTH FOSTER MITCHELL, SD 57301 46-0224604							
(7)	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
501 SUMMIT STREET YANKTON, SD 57078 46-0225483							
(8)	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA ST MARY'S		No
606 EAST GARFIELD GETTYSBURG, SD 57442 46-0234354							
(9)	HOME SERVICES	SD	501(C)(3)	LINE 10	AVERA HEALTH		No
5116 S SOLBERG AVE SIOUX FALLS, SD 57108 46-0399291							
(10)	HEALTHCARE EDUCATION	SD	501(C)(3)	LINE 10	SACRED HEART HEALTH SERVICES		No
1000 W 4TH STREET SUITE 9 YANKTON, SD 57078 46-0337013							
(11)	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
305 SOUTH STATE STREET ABERDEEN, SD 57401 46-0224598							
(12)	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199							
(13)	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	AVERA HEALTH		No
300 S BRUCE STREET MARSHALL, MN 56258 41-0919153							
(14)	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	AVERA MARSHALL		No
240 WILLOW STREET TYLER, MN 56178 41-0853163							
(15)	HEALTH FINANCING AND HEALTH PLAN ADMIN	SD	501(C)(4)		AVERA HEALTH		No
3900 WEST AVERA DRIVE STE 300 SIOUX FALLS, SD 57108 46-0451539							

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (h) (i) Legal General (d) (f) (g) Disproprtionate (a) (b) Predominant Code V-UBI amount Domicile Direct Share of total Share of end-ofor allocations? Managing year assets Box 20 of Schedule Partner? K-1 (Form 1065)

Yes

339,443

38,364,752

No

Nο

No

(k)

Percentage

ownership

50 000 %

66 670 %

Yes No

Νo

No

Name, address, and EIN of related organization	Primary activity	(State or Foreign Country)	Controlling Entity	income(related, unrelated, excluded from tax under sections 512-514)	income
(1)	MEDICAL SERVICES -	l sn	N/A		

SD

SD

SD

SD

SD

SD

N/A

OF PEACE

N/A

N/A

AVERA

N/A

MCKENNAN

AVERA QUEEN EXCLUDED

RELATED

12,501,279

HOME MEDICAL

MEDICAL SERVICES -

HOME MEDICAL

MEDICAL CLINIC

BUILDING

SURGICAL

ASSOCIATES

MEDICAL SERVICES -

HOME MEDICAL

EQUIPMENT

HEALTHCARE

MEDICAL SERVICES -

HOME MEDICAL

EQUIPMENT

SERVICES

EQUIPMENT

AVERA HOME MEDICAL EQUIPMENT OF FLOYD LLC

AVERA HOME MEDICAL

SIOUX CENTER, IA 51250

(2) Q&M PROPERTIES LLC

SURGICAL ASSOCIATES ENDOSCOPY CLINIC LLC 310 S PENNSYLVANIA ST ABERDEEN, SD 57401 46-0461429

AVERA HME OF SPENCER

2400 S MINNESOTA AVENUE SIOUX FALLS, SD 57117

HEART HOSPITAL OF SOUTH

BROOKINGS HEALTH SYSTEM -

101 22ND AVE SUITE 101 BROOKINGS, SD 57006

4500 W 69TH STREET SIOUX FALLS, SD 57108

HOSPITAL LLC

80-0619999

DAKOTA LLC

56-2143771 (6)

45-3204123

AVERA HME LLC

525 NORTH FOSTER MITCHELL, SD 57301 73-1652049

38 19TH ST SW

75-3203100

LLC

(3)

EQUIPMENT OF SIOUX CENTER | EQUIPMENT

714 LINCOLN ST NE LEMARS, IA 51031 82-0582350 (1)