

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Avera Health</b>		<b>D</b> Employer identification number <b>46-0422673</b>
	Doing business as		<b>E</b> Telephone number <b>(605) 322-7300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>289,866,121.</b>
	<b>3900 West Avera Drive</b>		<b>300</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Sioux Falls, SD 57108</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number <b>0928</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>www.avera.org</b>			<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>SD</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Promotion of health</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>2047</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>12,540,628.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>7,261,550.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>40,871,703.</b>	<b>22,270,065.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>274,572,116.</b>	<b>250,557,105.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,476,988.</b>	<b>12,851,478.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>119,816,237.</b>	<b>-340,137.</b>
		<b>441,737,044.</b>	<b>285,338,511.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,822,920.</b>	<b>26,892,445.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>171,290,281.</b>	<b>171,315,196.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>2,262,010.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>105,267,712.</b>	<b>93,674,720.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>292,380,913.</b>	<b>291,882,361.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>149,356,131.</b>	<b>-6,543,850.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1756534821.</b>	<b>1738162649.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1298038269.</b>	<b>1435789048.</b>
	<b>458,496,552.</b>	<b>302,373,601.</b>	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>Julie Lutt, CFO/Secretary</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>Kim Hunwardsen, CPA</b>	<b>Kim Hunwardsen, CPA</b>	<b>05/14/24</b>		<b>P00484560</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>Eide Bailly LLP</b>	<b>45-0250958</b>		<b>612-253-6500</b>	
	Firm's address				
	<b>800 Nicollet Mall, Ste. 1300</b>				
	<b>Minneapolis, MN 55402-7033</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Avera Health is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 246,451,320. including grants of \$ 26,892,445. ) (Revenue \$ 242,938,463. )
Avera Health is a nonprofit corporation jointly sponsored by the Sisters of the Presentation of the Blessed Virgin Mary of Aberdeen, South Dakota and the Benedictine Convent of the Sacred Heart of Yankton, South Dakota, together referenced as the "Sisters." Avera Health acts as the leader of the Avera health ministry, serving as an overall parent to support its affiliated tax-exempt health care organizations. These organizations provide services principally in eastern South Dakota and surrounding states. Avera Health provides management consulting, fund raising and other administrative services to the hospitals, long-term health care facilities, clinics, services and programs that are sponsored or otherwise affiliated with the Sisters.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 246,451,320.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	191
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	15		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, FL, GA, HI, KS, KY, MD, MA, MI, MN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
Jamie Schaefer - 605-322-3992  
3900 W Avera Dr, Ste 300, Sioux Falls, SD 57108

See Schedule O for full list of states

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) David Erickson (Left 12/2022) Chief Medical Officer	40.00 0.00					X	2,256,352.	0.	46,236.	
(2) Bob Sutton President/CEO, Board Member	45.00 0.00	X		X			2,078,032.	0.	55,784.	
(3) David Flicek Pres/CEO - Avera McKennan	0.00 42.00				X		1,301,962.	0.	46,532.	
(4) Julie Lutt CFO, Secretary/Treasurer	45.00 1.40			X			1,086,452.	0.	17,088.	
(5) Richard Korman Chief Legal Officer/General Counsel	40.00 0.00					X	798,780.	0.	46,532.	
(6) Thomas Clark (Left 12/2022) Chief Strategy & Growth Officer	40.00 1.00				X		780,573.	0.	46,532.	
(7) Doug Ekeren President/CEO-Sacred Heart	0.00 49.00				X		704,190.	0.	46,432.	
(8) Andrew Burchett Chief Medical Information Officer	40.00 15.00					X	651,549.	45,150.	41,647.	
(9) Dr. Luis Rojas-Espallat Chair	5.00 40.00	X		X			0.	682,717.	49,630.	
(10) Kimberly Jensen Chief Human Resource Officer	40.00 0.00					X	651,828.	0.	40,736.	
(11) Bruk Kammerman Sr. VP - Chief Information Officer	40.00 0.00					X	665,725.	0.	15,730.	
(12) Dr. Katherine Wang Board Member/Neonatology	5.00 40.00	X					0.	524,209.	15,250.	
(13) Debbie Streier President/CEO - Avera Marshall	0.00 46.00				X		470,488.	0.	38,557.	
(14) Dr. Jason Wickersham Board Member/Family Medicine/OB	5.00 40.00	X					0.	428,084.	46,560.	
(15) Todd Forkel Former Key Employee	0.00 0.00					X	113,998.	0.	11,419.	
(16) Sister Penny Bingham Vice Chair	5.00 4.00	X		X			0.	0.	0.	
(17) Sister Pam Donelan Board Member	5.00 2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Lori Essig Board Member	5.00 0.00	X						0.	0.	0.
(19) Robert Fouberg Board Member	5.00 0.00	X						0.	0.	0.
(20) Doneen Hollingsworth Board Member	5.00 0.00	X						0.	0.	0.
(21) Sister Mary Jaeger Board Member	5.00 3.00	X						0.	0.	0.
(22) Dr. Wayne Kindle Board Member/Superintendent YSD	5.00 0.00	X						0.	0.	0.
(23) Sister Debra Kolecka Board Member	5.00 3.00	X						0.	0.	0.
(24) Sister Mary Kay Panowicz Board Member	5.00 1.00	X						0.	0.	0.
(25) Sister Roxanne Seifert Board Member	5.00 4.00	X						0.	0.	0.
(26) Clark Sinclair Board Member	5.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								11,559,929.	1,680,160.	564,665.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								11,559,929.	1,680,160.	564,665.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 208

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CDW LLC 230 N Milwaukee Ave, Vernon Hills, IL 60061	Software; Hardware; Services	22,770,054.
Medical Information Technology Inc 7 Blue Hill River Rd, Canton, MA 02021	Software; Services	6,034,065.
Microsoft Corporation, 1950 N Stemmons Fwy Ste 5010, Dallas, TX 75207	Software; Services	5,029,318.
MedSpeed 655 West Grand Avenue, Elmhurst, IL 60126	Courier Services	4,817,625.
Nuance Communications Inc One Wayside Rd, Burlington, MA 01803	Software; Services	1,791,566.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 112



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	280,887.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	1,082,645.				
	<b>1 d</b>	Related organizations	1,191,120.				
	<b>1 e</b>	Government grants (contributions)	2,643,037.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	17,072,376.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 109,733.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		22,270,065.			
	Program Service Revenue	<b>2 a</b>	ACS revenue	900099	219909987.	219909987.	
<b>2 b</b>		Other revenue	900099	19,157,339.	17945987.	1211352.	
<b>2 c</b>		PACE revenue	561000	7,341,552.	934,262.	6407290.	
<b>2 d</b>		Premier expense credits	900099	4,148,227.	4,148,227.		
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>		<b>Total.</b> Add lines 2a-2f		250557105.			
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		6,986,889.		6986889.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	2,471,115.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses	3,351,376.				
	<b>6 c</b>	Rental income or (loss)	-880,261.				
		Net rental income or (loss)		-880,261.	-956,674.	76,413.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	6,887,815.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	0.	1023226.			
	<b>7 c</b>	Gain or (loss)	6,887,815.	-1023226.			
	Net gain or (loss)		5,864,589.	5878660.	-14,071.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,082,645. of contributions reported on line 1c). See Part IV, line 18	8a	693,132.				
<b>8 b</b>	Less: direct expenses	8b	153,008.				
	Net income or (loss) from fundraising events		540,124.		540,124.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	9a					
<b>9 b</b>	Less: direct expenses	9b					
	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a					
<b>10 b</b>	Less: cost of goods sold	10b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>		Business Code				
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
	<b>12</b>	<b>Total revenue.</b> See instructions		285338511.	242938463.	12540628.	7589355.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,797,364.	26,797,364.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	95,081.	95,081.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	8,135,671.		8,135,671.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	150,170.	150,170.		
<b>7</b> Other salaries and wages	126,461,339.	102,573,071.	22,486,025.	1,402,243.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,609,724.	5,149,051.	399,250.	61,423.
<b>9</b> Other employee benefits	21,530,439.	17,780,844.	3,500,472.	249,123.
<b>10</b> Payroll taxes	9,427,853.	8,586,539.	741,627.	99,687.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	196,312.	123,063.	73,249.	
<b>c</b> Accounting	1,415,632.	1,415,632.		
<b>d</b> Lobbying	701,354.	701,354.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,843,458.	9,566,848.	2,222,928.	53,682.
<b>12</b> Advertising and promotion	8,978,866.	8,845,429.	40,552.	92,885.
<b>13</b> Office expenses	6,342,112.	6,338,566.	-70,849.	74,395.
<b>14</b> Information technology	35,001,288.	34,435,471.	365,408.	200,409.
<b>15</b> Royalties				
<b>16</b> Occupancy	5,517,499.	1,430,362.	4,087,137.	
<b>17</b> Travel	671,648.	556,944.	103,779.	10,925.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	449,556.	391,159.	52,498.	5,899.
<b>20</b> Interest	279,573.	232,572.	47,001.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	20,802,974.	19,962,966.	837,035.	2,973.
<b>23</b> Insurance	-1,896,996.	-2,034,514.	137,518.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> UBI tax	1,361,387.	1,361,387.		
<b>b</b> Medical supplies	1,052,381.	1,035,967.	10,751.	5,663.
<b>c</b> Lease and rental	108,187.	100,834.	7,353.	
<b>d</b> Bad debt expense	62,053.	62,053.		
<b>e</b> All other expenses	787,436.	793,107.	-8,374.	2,703.
<b>25</b> Total functional expenses. Add lines 1 through 24e	291,882,361.	246,451,320.	43,169,031.	2,262,010.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	27,501,589.	<b>2</b>	39,556,446.
	<b>3</b> Pledges and grants receivable, net .....	1,609,551.	<b>3</b>	1,454,625.
	<b>4</b> Accounts receivable, net .....	37,731,747.	<b>4</b>	27,678,643.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	11,750,560.	<b>8</b>	9,452,715.
	<b>9</b> Prepaid expenses and deferred charges .....	16,146,619.	<b>9</b>	15,507,258.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 242,882,802.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 149,674,740.		
	<b>11</b> Investments - publicly traded securities .....	129,213,749.	<b>11</b>	126,149,047.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	143,843,078.	<b>12</b>	150,197,416.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	30,792.	<b>13</b>	18,492.
	<b>14</b> Intangible assets .....	16,196,061.	<b>14</b>	16,197,241.
	<b>15</b> Other assets. See Part IV, line 11 .....	108,191,197.	<b>15</b>	123,401,278.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	175,653,482.	<b>16</b>	173,816,264.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	33,736,130.	<b>17</b>	26,358,847.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	13,064,034.	<b>19</b>	11,588,034.
	<b>20</b> Tax-exempt bond liabilities .....	18,663,217.	<b>20</b>	15,361,822.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	10,282,118.	<b>21</b>	10,352,876.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	19,524,946.	<b>23</b>	19,295,412.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	184,838,753.	<b>25</b>	327,897,265.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	129,803,826.	<b>26</b>	143,578,904.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	440,586,693.	<b>27</b>	286,933,501.
	<b>28</b> Net assets with donor restrictions .....	17,909,859.	<b>28</b>	15,440,100.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	458,496,552.	<b>32</b>	302,373,601.
	<b>33</b> Total liabilities and net assets/fund balances .....	175,653,482.	<b>33</b>	173,816,264.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	285,338,511.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	291,882,361.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,543,850.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	458,496,552.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	22,183,778.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-171,762,879.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	302,373,601.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17411813.	23574843.	21836149.	40871703.	22270065.	125964573
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	254799501	266987769	278210607	277318143	249787142	1327103162.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	272211314	290562612	300046756	318189846	272057207	1453067735.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	63,613.	368,889.	446,030.	157,537.	58,522.	1094591.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	166560168	178295346	177531681	212485978	194153214	929026387
<b>c</b> Add lines 7a and 7b	166623781	178664235	177977711	212643515	194211736	930120978
<b>8 Public support.</b> (Subtract line 7c from line 6.)						522946757

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	272211314	290562612	300046756	318189846	272057207	1453067735.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	157,217.	22,385.	199,301.	1830463.	2609325.	4818691.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	509,369.	1094391.	2515692.	2884876.	7261550.	14265878.
<b>c</b> Add lines 10a and 10b	666,586.	1116776.	2714993.	4715339.	9870875.	19084569.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	260,272.	369,995.	197,164.	243,606.	540,124.	1611161.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	273138172	292049383	302958913	323148791	282468206	1473763465.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	35.48 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	37.89 %

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	1.29 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	.76 %

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**Avera Health**

Employer identification number

**46-0422673**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>5,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>280,887.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>271,309.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>180,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>160,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>157,085.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>143,996.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>133,954.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>125,465.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>102,519.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 99,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 88,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 77,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 77,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 67,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 61,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 58,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 53,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 52,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	 <hr/> <hr/> <hr/>	\$ <u>40,049.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	 <hr/> <hr/> <hr/>	\$ <u>38,986.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	 <hr/> <hr/> <hr/>	\$ <u>38,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	 <hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 30,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 30,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 29,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 29,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 27,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 26,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 26,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 25,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 25,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 24,389.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 24,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 21,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 21,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 18,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 17,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 17,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 17,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 16,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 16,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 15,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 15,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 14,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 14,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 12,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 12,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 11,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 11,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 10,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 10,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 10,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 10,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 10,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ <u>9,489.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<hr/> <hr/> <hr/>	\$ <u>9,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>9,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ <u>9,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ <u>8,746.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ <u>8,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ <u>8,395.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<hr/> <hr/> <hr/>	\$ <u>8,085.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ <u>8,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ <u>7,701.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ <u>7,680.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ <u>7,540.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ <u>7,514.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ <u>7,470.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ <u>7,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ <u>7,070.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ <u>7,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$ 6,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 6,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 6,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 6,474.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 6,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	<hr/> <hr/> <hr/>	\$ <u>6,148.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ <u>6,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ <u>5,815.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ <u>5,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ <u>5,779.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ <u>5,748.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	<hr/> <hr/> <hr/>	\$ <u>5,660.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ <u>5,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ <u>5,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ <u>5,440.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ <u>5,440.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	_____ _____ _____	\$ <u>5,325.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ _____	\$ <u>5,255.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____ _____ _____	\$ <u>5,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____ _____ _____	\$ <u>5,249.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ _____	\$ <u>5,190.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	<hr/> <hr/> <hr/>	\$ <u>5,147.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ <u>5,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ <u>5,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ <u>5,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Avera Health</b>	Employer identification number  <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	<hr/> <hr/> <hr/>	\$ <u>991,345.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	<hr/> <hr/> <hr/>	\$ <u>587,315.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	<hr/> <hr/> <hr/>	\$ <u>1,062,411.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	<hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <u>                    </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	50,000 Face Masks	\$ 34,525.	12/15/22
32	2020 Dodge Grand Caravan	\$ 30,194.	08/24/22
39	Garbage Compactor	\$ 25,000.	12/27/22
55	Gift cards	\$ 150.	06/14/23
75	Jessop Cellars combo	\$ 170.	05/22/23
82	Trees	\$ 2,870.	09/19/22

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
83	Round of golf _____ _____ _____	\$ <u>1,500.</u>	<u>05/22/23</u>
86	Auction items _____ _____ _____	\$ <u>175.</u>	<u>09/08/22</u>
87	Platinum car wash package _____ _____ _____	\$ <u>250.</u>	<u>12/01/22</u>
139	Christmas at the Cathedral tickets _____ _____ _____	\$ <u>600.</u>	<u>12/01/22</u>
140	Auction items _____ _____ _____	\$ <u>850.</u>	<u>12/01/22</u>
144	Toys _____ _____ _____	\$ <u>99.</u>	<u>12/19/22</u>



Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
145	Pens _____ _____ _____	\$ <u>5,660.</u>	<u>01/21/23</u>
153	Patient gifts _____ _____ _____	\$ <u>1,800.</u>	<u>01/20/23</u>
155	Auction items _____ _____ _____	\$ <u>200.</u>	<u>05/22/23</u>
156	Patient gifts _____ _____ _____	\$ <u>5,190.</u>	<u>06/26/23</u>
187	Patient gifts _____ _____ _____	\$ <u>500.</u>	<u>12/27/22</u>
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

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

Name of organization <b>Avera Health</b>	Employer identification number <b>46-0422673</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		500,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		3,068.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		198,286.
<b>j</b> Total. Add lines 1c through 1i .....			701,354.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**Part II-B, Line 1, Lobbying Activities:**

Through paid staff and paid consultants Avera Health meets with legislators. Avera Health provides grants to other organizations for lobbying and pays dues of which a small portion is attributable to lobbying. Additionally, in FY23, Avera Health provided a grant to an organization working toward Medicaid expansion through an initiated



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Avera Health; Employer identification number: 46-0422673

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,349,540.	7,798,048.	6,403,165.	5,765,277.	5,295,563.
b Contributions	829,430.	12,909,313.	1,694,590.	820,309.	392,984.
c Net investment earnings, gains, and losses	141,193.	136,229.	432,897.	128,114.	629,457.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,977,165.	450,181.	696,359.	273,739.	527,554.
f Administrative expenses	47,556.	43,869.	36,245.	36,796.	25,173.
g End of year balance	19,295,442.	20,349,540.	7,798,048.	6,403,165.	5,765,277.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 21.0700 %
  - b Permanent endowment 6.3000 %
  - c Term endowment 72.6300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No                                  |
|-----------------------------|-----|-------------------------------------|
| (i) Unrelated organizations |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |     | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		948,600.		948,600.
b Buildings		31,906,474.	12,904,203.	19,002,271.
c Leasehold improvements		2,243,696.	1,724,790.	518,906.
d Equipment		205,153,556.	135,045,747.	70,107,809.
e Other		2,630,476.		2,630,476.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				93,208,062.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Interest in Innovation		
(B) Institute	14,669,479.	End-of-Year Market Value
(C) Non-publicly traded		
(D) hedge, private equity,		
(E) debt, and multi-strategy		
(F) funds	119,152,880.	End-of-Year Market Value
(G) Non-publicly traded real		
(H) estate	16,275,057.	End-of-Year Market Value
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	150,197,416.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deferred financing costs	15,511,397.
(2) Interest in South Dakota Community Foundation	1,210,872.
(3) Deferred compensation	97,612,769.
(4) Right of use operating lease	5,251,228.
(5) Tax Receivable Agreement	1,170,930.
(6) Cash surrender value of life insurance policies	2,644,082.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	123,401,278.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Estimated insurance claims payable	40,248,922.
(3) Bond interest payable	9,152,978.
(4) Due to affiliated entities	22,666,208.
(5) Deferred compensation	240,334,598.
(6) Long-term commitments	9,795,040.
(7) Right of use lease obligations	5,380,843.
(8) Other liabilities	318,676.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	327,897,265.

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

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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information.**

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

Part IV, line 2b:

Avera Health administers the Avera Health Pooled Investment Fund, a fund that is maintained for the benefit of facilities that are sponsored, operated, or managed by Avera Health. Investments are made in conformity with the objectives and guidelines of the Avera Health Pooled Investment Committee. Within the fund, participating facilities share in a pool of investments that are managed by various fund managers. Investments that are held for participating facilities are recorded as Avera Health Pooled Investments with a corresponding liability account of Custodial Funds - Avera Health Pooled Investments on the balance sheet. Avera Health also holds its own investments within the pooled fund and records their allocated share of income and losses from these investments as investment

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

income in the financial statements.

Part V, line 4:

The Organization's endowment consists of funds established for a variety of purposes related to health and wellness programs in Avera affiliated organizations.

Part X, Line 2:

Avera Health and its sponsored organizations believe that they have appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, and (c) Method of valuation. Row 1: NPFC, LLC | 100,000. | Cost

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Avera Health

Employer identification number

46-0422673

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean -	0	0	Investments		119,153,000.
<b>3 a</b> Subtotal .....	0	0			119,153,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			119,153,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**Form 990, Schedule F, Part IV:**

Avera Health reviews its direct and indirect investments during the tax period for determining required foreign filings. The Organization's ownership interests in foreign corporations required a Form 5471 to be filed.

The Organization invests in partnerships that hold direct or indirect interest in passive foreign investment companies. The investment partnerships have properly filed Form 8621, or the underlying investments did not generate any unrelated business income. Under these facts, Avera Health is not required to file an additional Form 8621.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization **Avera Health** Employer identification number **46-0422673**

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

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

<ul style="list-style-type: none"> <li>a <input type="checkbox"/> Mail solicitations</li> <li>b <input type="checkbox"/> Internet and email solicitations</li> <li>c <input type="checkbox"/> Phone solicitations</li> <li>d <input type="checkbox"/> In-person solicitations</li> </ul>	<ul style="list-style-type: none"> <li>e <input type="checkbox"/> Solicitation of non-government grants</li> <li>f <input type="checkbox"/> Solicitation of government grants</li> <li>g <input type="checkbox"/> Special fundraising events</li> </ul>
--	---
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Avera Race Against Canc	Hearts in Healing	24	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	689,949.	317,574.	733,942.	1,741,465.
	2	Less: Contributions	465,213.	197,079.	396,609.	1,058,901.
	3	Gross income (line 1 minus line 2)	224,736.	120,495.	337,333.	682,564.
Direct Expenses	4	Cash prizes	0.	0.	0.	
	5	Noncash prizes	0.	0.	0.	
	6	Rent/facility costs	30,324.	39,065.	6,835.	76,224.
	7	Food and beverages	3,776.	5,614.	15,913.	25,303.
	8	Entertainment	19,594.	11,195.	16,892.	47,681.
	9	Other direct expenses	3,800.	0.	0.	3,800.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					529,556.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **Avera Health** Employer identification number **46-0422673**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Aberdeen Catholic School Sys Inc 1400 N Dakota St Aberdeen, SD 57401	46-0336005	501c3	86,300.	0.			Scholarship
Aberdeen Christian School 1500 Hwy 281 N Aberdeen, SD 57401	91-1806433	501c3	8,000.	0.			Sponsorship
Aberdeen Development Corporation 506 S Main St Ste 2 Aberdeen, SD 57401	46-6011831	501c6	10,000.	0.			Sponsorship
Aberdeen Family YMCA 5 S State St Aberdeen, SD 57401	46-0255779	501c3	50,000.	0.			Sponsorship
Aberdeen Ride Line 205 N 4th St Aberdeen, SD 57401	46-6000010	City of Aberdeen	20,000.	0.			Sponsorship
Active Generations 2300 W 46th St Sioux Falls, SD 57105	46-0305500	501c3	62,500.	0.			Sponsorship

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 104.
- 3 Enter total number of other organizations listed in the line 1 table 8.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS Assoc, MN ND SD Chapter 1919 University Ave West Ste 175 St Paul, MN 55104	41-1756085	501c3	7,850.	0.			Sponsorship
Alzheimers Association South Dakota - 4304 S Technology Dr - Sioux Falls, SD 57106	32-0151779	501c3	6,000.	0.			Sponsorship
American Cancer Society 250 Williams St Nw Ste 400 Atlanta, GA 30303-1002	13-1788491	501c3	33,000.	0.			Sponsorship
The Banquet 900 E 8th St Sioux Falls, SD 57103	46-0387495	501c3	8,300.	0.			Sponsorship
Beresford School District #61-2 301 W Maple Beresford, SD 57004	47-6002216	City of Beresfor	22,662.	0.			Sponsorship
Bishop Dudley Hospitality House 101 N Indiana Ave Sioux Falls, SD 57103	91-1836528	501c3	70,000.	0.			Sponsorship
Sioux Falls Catholic School Corporation - 3100 W 41st St - Sioux Falls, SD 57105	46-0413591	501c3	850,000.	0.			Sponsorship
Boy Scouts of America Sioux Council - 801 N West Ave - Sioux Falls, SD 57104	46-0224599	501c3	6,000.	0.			Sponsorship
Boys & Girls Club of Aberdeen Area 1111 SE 1st Ave Aberdeen, SD 57401	23-7062273	501c3	29,000.	0.			Sponsorship

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys & Girls Club of Capital Area 2001 Eastgate Ave Pierre, SD 57501	46-0305571	501c3	10,000.	0.			Sponsorship
Boys & Girls Clubs of Sioux Empire 100 S Spring Ave Ste 280 Sioux Falls, SD 57104	46-0399482	501c3	15,000.	0.			Sponsorship
Brookings School District 5-1 2130 8th St S Brookings, SD 57006	46-6000834	City of Brooking	40,486.	0.			Sponsorship
Call To Freedom Inc 1915 E 8th St Ste 100 Sioux Falls, SD 57103	47-5469817	501c3	26,500.	0.			Sponsorship
Capital Area United Way PO Box 1111 Pierre, SD 57501-1111	46-0403398	501c3	5,573.	0.			Sponsorship
Career & Technical Education Academy - 201 E 38th St - Sioux Falls, SD 57105	46-6002586	City of Sioux Fa	10,000.	0.			Sponsorship
Catholic Chancery Office 523 N Duluth Ave Sioux Falls, SD 57104-2714	46-6000424	501c3	110,000.	0.			Sponsorship
Central Lyon Community School 1010 S Greene St Rock Rapids, IA 51246	42-6037624	City of Rock Rap	15,100.	0.			Sponsorship
Chabad of South Dakota 2900 W Old Yankton Rd Sioux Falls, SD 57108	81-4118734	501c3	21,000.	0.			Sponsorship



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charis Ministry Partners 1300 E 10th St Sioux Falls, SD 57103	38-3775128	501c3	8,000.	0.			Sponsorship
Childrens Home Society 801 N Sycamore Ave Sioux Falls, SD 57110	46-0224542	501c3	12,000.	0.			Sponsorship
City of Yankton Box 176 Yankton, SD 57078	46-6000567	City of Yankton	10,000.	0.			Sponsorship
Compass Center 1704 S Cleveland Ave Ste 3 Sioux Falls, SD 57103	46-0350199	501c3	10,000.	0.			Sponsorship
Dakota Resources 25795 475th Ave Ste 1 Renner, SD 57055	46-0442430	501c3	25,000.	0.			Sponsorship
Dakota Wesleyan University 1200 W University Ave Mitchell, SD 57301	46-0224589	501c3	35,000.	0.			Scholarship
Dakotabilities Inc 1116 S 4th Ave Sioux Falls, SD 57105	46-0306216	501c3	20,000.	0.			Sponsorship
Delta Dental of SD Foundation 804 N Euclid Ste 101 Pierre, SD 57501	91-1776857	501c3	25,000.	0.			Sponsorship
Downtown Sioux Falls Inc 315 N Phillips Ave Ste 200 Sioux Falls, SD 57104	36-3627217	501c4	18,000.	0.			Sponsorship

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EmBe 300 W 11th St Sioux Falls, SD 57104-6306	46-0234998	501c3	50,000.	0.			Sponsorship
Face It Together Inc 5020 S Tennis Ln Ste 4 Sioux Falls, SD 57108	27-2501220	501c3	15,000.	0.			Sponsorship
Feeding South Dakota 4701 N Westport Ave Sioux Falls, SD 57107-0123	36-3293534	501c3	50,000.	0.			Sponsorship
Fellowship of Christian Athletes 1601 E 69th St Ste 301 Sioux Falls, SD 57108	44-0610626	501c3	16,500.	0.			Sponsorship
Flandreau School District 50-3 600 W Community Dr Flandreau, SD 57028	46-6002593	City of Flandrea	15,000.	0.			Sponsorship
Forward Sioux Falls 200 N Phillips Ave Ste 200 Sioux Falls, SD 57104-6058	46-0396647	501c6	250,000.	0.			Sponsorship
Furniture Mission of South Dakota 209 N Nesmith Ave Sioux Falls, SD 57103	81-0584500	501c3	47,500.	0.			Sponsorship
Girl Scouts-Dakota Horizons 1101 S Marion Rd Sioux Falls, SD 57106-3466	46-0250744	501c3	6,000.	0.			Sponsorship
GL Management LLC 3800 W 53rd St Sioux Falls, SD 57106	46-3797566		15,000.	0.			Sponsorship

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Governor's Office of Economic Development - 711 E Well Ave - Pierre, SD 57501	46-6000364	City of Pierre	50,000.	0.			Sponsorship
Greater Sioux Falls Chamber of Commerce - 200 N Phillips Ave Ste 200 - Sioux Falls, SD 57104-6058	46-0189300	501c6	40,950.	0.			Sponsorship
Ground Works 102 N Krohns Pl Ste 113 Sioux Falls, SD 57103	47-5498537	501c3	7,500.	0.			Sponsorship
Helpline Center Inc 3817 S Elmwood Ave Sioux Falls, SD 57105	23-7424387	501c3	55,000.	0.			Sponsorship
Junior Achievement of South Dakota 300 S Phillips Ave Ste L102 Sioux Falls, SD 57104	46-0306352	501c3	26,380.	0.			Sponsorship
Kiwanis Club PO Box 131 Mitchell, SD 57301	46-6008279	501c3	10,000.	0.			Sponsorship
Leadership South Dakota PO Box 675 Platte, SD 57369	46-2384525		25,000.	0.			Sponsorship
LifeScape Foundation 2501 W 26th St Sioux Falls, SD 57105	46-0353254	501c3	15,000.	0.			Sponsorship
Lost & Found 5015 S Crossing Pl #110 Sioux Falls, SD 57108	45-4306370	501c3	12,000.	0.			Sponsorship

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lutheran Social Services of South Dakota - 705 E 41st St Ste 200 - Sioux Falls, SD 57105-6048	46-0224731	501c3	10,000.	0.			Sponsorship
Make-A-Wish Foundation of SD 1400 W 17th St Sioux Falls, SD 57104	46-0375953	501c3	12,500.	0.			Sponsorship
McCrossan Boys Ranch 47135 260th St Sioux Falls, SD 57107-6428	46-0311913	501c3	41,000.	0.			Sponsorship
Mitchell Area Development Corporation - 601 N Main St - Mitchell, SD 57301	46-0394983	501c3	90,000.	0.			Sponsorship
Mitchell Area Safehouse Inc 1809 N Wisconsin St Mitchell, SD 57301	46-0389086	501c3	10,000.	0.			Sponsorship
Mitchell Baseball Association PO Box 265 Mitchell, SD 57301	46-0445876	501c3	6,000.	0.			Sponsorship
Mitchell Pickleball Association 17 E 13th Ave Mitchell, SD 57301	87-3586966	501c3	10,000.	0.			Sponsorship
Mitchell School District 17-2 821 N Capital St Mitchell, SD 57301	46-6001338	City of Mitchell	18,895.	0.			Sponsorship
Mitchell Technical Institute Foundation - 1800 E Spruce St - Mitchell, SD 57301	46-0452950	501c3	68,476.	0.			Sponsorship

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mitchell United Way 417 N Main St Ste 103 Mitchell, SD 57301-0729	46-1250302	501c3	7,801.	0.			Sponsorship
Mount Marty University 1105 W 8th St Yankton, SD 57078	46-0283336	501c3	86,000.	0.			Scholarship
NAMI of South Dakota 1601 E 69th St Ste 210 Sioux Falls, SD 57108	36-3593027	501c3	35,000.	0.			Sponsorship
National Kidney Foundation 30 E 33rd St Ste 100 New York, NY 10016	13-1673104	501c3	15,500.	0.			Sponsorship
National Multiple Sclerosis Society - 733 Third Ave Flr 3 - New York, NY 10017	13-5661935	501c3	12,000.	0.			Sponsorship
Northern State University Foundation - 620 15th Ave SE - Aberdeen, SD 57401	23-7002314	501c3	150,000.	0.			Scholarship
Pathways Shelter for the Homeless 412 E 4th St Yankton, SD 57078	47-3974624	501c3	7,500.	0.			Sponsorship
Pierre Area Referral Service 110 W Missouri Ave Pierre, SD 57501	46-0317107	501c3	15,000.	0.			Sponsorship
Pierre School District 211 S Poplar Pierre, SD 57501	46-6001892	City of Pierre	10,000.	0.			Sponsorship

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presentation College 1500 N Main Aberdeen, SD 57401	46-0280847	501c3	175,000.	0.			Scholarship
Presentation Sisters 1500 N 2nd St Aberdeen, SD 57401	46-0253283	501c3	25,000.	0.			Sponsorship
Pride In The Tiger Foundation 400 Tiger Dr Marshall, MN 56258	41-1948007	501c3	10,000.	0.			Sponsorship
River Cities Public Transit 1600 E Dakota Ave Pierre, SD 57501	46-0449059	501c3	25,000.	0.			Sponsorship
Ronald McDonald House Charities 825 S Lake Ave Sioux Falls, SD 57104	46-0371152	501c3	28,000.	0.			Sponsorship
Safe Harbor PO Box 41 Aberdeen, SD 57401	46-0344310	501c3	11,000.	0.			Sponsorship
Sculpture Walk Inc 300 S Phillips Ave Ste 104 Sioux Falls, SD 57104-6323	20-8535871	501c3	18,250.	0.			Sponsorship
SD Youth Foundation Inc 1310 Main Ave S Ste 109 Brookings, SD 57006	47-4832848	501c3	10,000.	0.			Sponsorship
SDSU Foundation PO Box 525 Brookings, SD 57006	46-0273801	501c3	45,000.	0.			Sponsorship

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sioux Empire Baseball Assoc Inc 1321 N Cleveland Ave Sioux Falls, SD 57103-6111	41-1903475	501c3	30,000.	0.			Sponsorship
Sioux Empire Fastpitch Softball Association - 605 S Watson Ave Ste 100 - Sioux Falls, SD 57108	23-7223489	501c3	10,000.	0.			Sponsorship
Sioux Empire United Way 1000 N West Ave #120 Sioux Falls, SD 57104-1332	46-0233701	501c3	105,238.	0.			Sponsorship
Sioux Falls Area CASA Program 100 S Spring Ave Ste 140 Sioux Falls, SD 57104	46-0430647	501c3	10,000.	0.			Sponsorship
YMCA of Sioux Falls 220 S Minnesota Sioux Falls, SD 57104	46-0225021	501c3	25,000.	0.			Sponsorship
Sioux Falls School District 201 E 38th St Sioux Falls, SD 57105	46-6002586	City of Sioux Fa	110,000.	0.			Sponsorship
Sioux Falls Public Schools Education Foundation - PO Box 560 - Sioux Falls, SD 57101	26-3537657	501c3	12,000.	0.			Sponsorship
SME Inc PO Box 90310 Sioux Falls, SD 57109-0310	46-6012934	501c6	6,125.	0.			Sponsorship
SMSU Foundation 1501 State St Marshall, MN 56258	23-7108470	501c3	5,500.	0.			Scholarship

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Dakota Agricultural and Rural - Box 2170 Animal Science Ctr 132 - Brookings, SD 57007	36-4293293	501c3	10,000.	0.			Sponsorship
South Dakota State Medical Assoc 2600 W 49th St Sioux Falls, SD 57105	46-0213945	501c6	12,500.	0.			Sponsorship
South Dakota State University 815 Medary Ave Lohr Build Brookings, SD 57006	46-6000364	State of SD	99,000.	0.			Sponsorship
South Dakota Symphony 301 S Main Ave 4th Flr Sioux Falls, SD 57104	46-6017026	501c3	47,500.	0.			Sponsorship
Southeast Technical College 2320 N Career Ave Sioux Falls, SD 57107-1302	46-0214496	City of Sioux Fa	525,638.	0.			Scholarship
Southwest Minnesota State University - 1501 State St - Marshall, MN 56258	41-1687554	State of MN	60,000.	0.			Scholarship
Special Olympics South Dakota 800 E I90 Ln Sioux Falls, SD 57104	46-0359776	501c3	10,000.	0.			Sponsorship
St Mary Parish Minnehaha County 606 E 8th St Dell Rapids, SD 57022	46-6003662	501c3	52,100.	0.			Sponsorship
Teddy Bear Den 500 S Main Ave Sioux Falls, SD 57104	31-1802800	501c3	10,000.	0.			Sponsorship

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of NE SD Foundation PO Box 1065 Aberdeen, SD 57401	42-1568636	501c3	16,719.	0.			Sponsorship
United Way of Southwest Minnesota PO Box 41 Marshall, MN 56258-0041	41-6023143	501c3	5,573.	0.			Sponsorship
United Way & Volunteer Services of Greater Yankton - 610 W. 3rd St., Suite 11 - Yankton, SD 57078	46-0252854	501c3	13,607.	0.			Sponsorship
University of MN Foundation Medical School Duluth Campus - 1035 University Dr - Duluth, MN 55812	41-6042488	501c3	24,000.	0.			Scholarship
University of Sioux Falls 1101 W 22nd St Sioux Falls, SD 57105	46-0224600	501c3	550,000.	0.			Sponsorship
University of South Dakota 414 E Clark St Vermillion, SD 57069	46-6000364	City of Vermilli	273,000.	0.			Scholarship
University of South Dakota School 1400 W 22nd St Sioux Falls, SD 57105-1570	46-6000364	City of Sioux Fa	33,500.	0.			Scholarship
USD Foundation 1100 N Dakota Vermillion, SD 57069	46-6018891	501c3	24,000.	0.			Scholarship
Veterans Community Project 8900 Troost Ave Kansas City, MO 64131	47-4960735	501c3	10,000.	0.			Sponsorship

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Voices Againsts Cancer 47891 Prairie Circle Harrisburg, SD 57032	84-3628615	501c3	15,000.	0.			Sponsorship
Volunteers of America Dakotas+A49 PO Box 89306 Sioux Falls, SD 57109	23-7353508	501c3	40,000.	0.			Sponsorship
Washington Pavilion Management, Inc. - PO Box 984 - Sioux Falls, SD 57101-0984	46-0435791	501c3	82,936.	0.			Sponsorship
Yankton Thrive Inc 803 E 4th St Yankton, SD 57078	46-0348636	501c3	60,000.	0.			Sponsorship
Yankton Youth Soccer Association PO Box 1012 Yankton, SD 57078	36-3290579	501c3	25,000.	0.			Sponsorship
Yankton School District 63-3 2410 W City Limits Rd Yankton, SD 57078	46-6003280	City of Yankton	10,000.	0.			Sponsorship
University of South Dakota Research Park - 4800 N. Career Ave, Suite 100 - Sioux Falls, SD 57107	46-2693612	501c3	1,867,032.	0.			Sponsorship

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Medical assistance to employees	20	39,881.	0.		
Medical educational scholarships	11	11,000.	0.		
Pastoral educational scholarships	19	44,200.	0.		

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

Part I, Line 2:

The Organization makes grants to other organizations exempt under 501(c)(3) to ensure the funds will be used for charitable purposes. During the year ending June 30, 2023, the Organization made contributions to other non-public charities and other organizations in furtherance of community development. The contributions are approved by the Board for this purpose.

Scholarship funds have different sets of criteria for determining eligibility and winners. Assistance to individuals is determined with

**Part IV** Supplemental Information

assistance from each hospital's social services department or within a committee at the hospital.

[Lined area for supplemental information]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**Avera Health**

Employer identification number

**46-0422673**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) David Erickson (Left 12/2022) Chief Medical Officer	(i)	905,423.	1,260.	1,349,669.	15,250.	30,986.	2,302,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Bob Sutton President/CEO, Board Member	(i)	2,064,357.	0.	13,675.	15,250.	40,534.	2,133,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) David Flicek Pres/CEO - Avera McKennan	(i)	1,274,133.	675.	27,154.	15,250.	31,282.	1,348,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Julie Lutt CFO, Secretary/Treasurer	(i)	1,075,517.	460.	10,475.	15,250.	1,838.	1,103,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Richard Korman Chief Legal Officer/General Counsel	(i)	783,792.	0.	14,988.	15,250.	31,282.	845,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Thomas Clark (Left 12/2022) Chief Strategy & Growth Officer	(i)	759,109.	0.	21,464.	15,250.	31,282.	827,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Doug Ekeren President/CEO-Sacred Heart	(i)	686,463.	725.	17,002.	15,250.	31,182.	750,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Andrew Burchett Chief Medical Information Officer	(i)	218,004.	82,020.	351,525.	15,250.	26,397.	693,196.	0.
	(ii)	0.	45,150.	0.	0.	0.	45,150.	0.
(9) Dr. Luis Rojas-Espallat Chair	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	654,742.	24,000.	3,975.	15,250.	34,380.	732,347.	0.
(10) Kimberly Jensen Chief Human Resource Officer	(i)	633,638.	625.	17,565.	15,250.	25,486.	692,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Bruk Kammerman Sr. VP - Chief Information Officer	(i)	661,382.	0.	4,343.	15,250.	480.	681,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Dr. Katherine Wang Board Member/Neonatology	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	383,660.	138,682.	1,867.	15,250.	0.	539,459.	0.
(13) Debbie Streier President/CEO - Avera Marshall	(i)	460,875.	420.	9,193.	15,250.	23,307.	509,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Dr. Jason Wickersham Board Member/Family Medicine/OB	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	351,842.	70,680.	5,562.	15,250.	31,310.	474,644.	0.
(15) Todd Forkel Former Key Employee	(i)	112,827.	0.	1,171.	5,725.	5,693.	125,416.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Part I, Line 4a:

Andrew Burchett received severance pay of \$350,770. David Erickson received severance pay of \$1,300,000.

Part I, Line 7:

During the current year, the organization paid bonuses for longevity, Great Expectation incentive program, and referrals. Some individuals received incentives related to retention and loan forgiveness. Physicians receive incentives based on production.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **Avera Health** Employer identification number **46-0422673**

Part I	Bond Issues	See Part VI for Columns (a) and (f) Continuations											
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
	<b>A</b>	South Dakota Health and Educational Facilities A	46-0315509	83755VUS1	05/01/12	206383927.	Series 2012B refunded 2002 and		X		X		X
	<b>B</b>	South Dakota Health and Educational Facilities A	46-0315509	83755VVY7	06/26/14	61821688.	Series 2014A Various capital p		X		X		X
	<b>C</b>	South Dakota Health and Educational Facilities A	46-0315509	83755VG99	10/11/17	242848916.	Series 2017 refunded bond iss		X		X		X
	<b>D</b>	South Dakota Health and Educational Facilities A	46-0315509	83755VJ54	11/13/19	50276218.	Series 2019A refunded bond iss		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired .....	104,488,927.				21,768,916.			
2	Amount of bonds legally defeased .....								
3	Total proceeds of issue .....	206,383,927.		61,821,688.		242,848,916.		50,276,218.	
4	Gross proceeds in reserve funds .....								
5	Capitalized interest from proceeds .....								
6	Proceeds in refunding escrows .....								
7	Issuance costs from proceeds .....	1,032,422.		821,688.		1,786,422.			
8	Credit enhancement from proceeds .....								
9	Working capital expenditures from proceeds .....								
10	Capital expenditures from proceeds .....	38,100,000.		61,000,000.		190,000,000.			
11	Other spent proceeds .....	167,251,505.				51,062,494.		50,276,218.	
12	Other unspent proceeds .....								
13	Year of substantial completion .....	2013		2015					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X			X		X		X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		X	X		X	
16	Has the final allocation of proceeds been made? .....	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X		X	



<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X			X		X		X
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X			X		X		X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	.00 %		.00 %		.00 %		.00 %	
<b>6</b> Total of lines 4 and 5 .....	.00 %		.00 %		.00 %		.00 %	
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X		X	

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X		X		X
<b>b</b> Exception to rebate? .....	X		X		X		X	
<b>c</b> No rebate due? .....		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X			X		X		X

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		X
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		X	

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: South Dakota Health and Educational Facilities Authority

(f) Description of Purpose:  
Series 2012B refunded 2002 and 2008A bonds issued 4/11/02 and 6/18/08

(a) Issuer Name: South Dakota Health and Educational Facilities Authority

(f) Description of Purpose: Series 2014A Various capital projects

(a) Issuer Name: South Dakota Health and Educational Facilities Authority

(f) Description of Purpose:  
Series 2017 refunded bond issued 6/18/08; const/equip healthcare facilities

(a) Issuer Name: South Dakota Health and Educational Facilities Authority

(f) Description of Purpose: Series 2019A refunded bond issued 4/3/2017

SCHEDULE L  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public  
Inspection

Name of the organization: **Avera Health**  
Employer identification number: **46-0422673**

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

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

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Katherine Schild	Family member of Ke	102,938.	Compensatio		X
Laura Alexander	Family member of Ke	47,232.	Compensatio		X

**Part V Supplemental Information.**

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Katherine Schild

(b) Relationship Between Interested Person and Organization:

Family member of Key Employee, Doug Ekeren

(d) Description of Transaction: Compensation and benefits as an employee

(a) Name of Person: Laura Alexander

(b) Relationship Between Interested Person and Organization:

Family member of Key Employee, Doug Ekeren

(d) Description of Transaction: Compensation and benefits as an employee

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Avera Health** Employer identification number: **46-0422673**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	30,194.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	34,525.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Garbage compac )	X	1	25,000.	Cost
26 Other ( Items for patie )	X	7	13,574.	Cost
27 Other ( Auction items )	X	6	3,570.	FMV
28 Other ( Trees )	X	1	2,870.	Cost

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

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

Schedule M, Part I, Column (b):

The organization is reporting in Part I, column (b) the number of contributions.

Schedule M, Line 33:

Amounts included in revenue for the financial statement reporting are included on Schedule M. Additional non-cash contributions not included on Schedule M and the financial statements include items for the benefit of the Avera facilities which include special event donations.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Avera Health

Employer identification number

46-0422673

Form 990, Part VI, Section A, line 2:

Julie Lautt has a business relationship with the following: Dr. Luis  
Rojas-Espaillet, Dr. Katherine Wang, and Dr. Jason Wickersham.

Form 990, Part VI, Section A, line 6:

Avera Health has two classes of members: Sponsorship Members and System  
Members.

Sponsorship Members shall consist collectively of (i) those persons serving  
from time to time as the President and Council of the Presentation Sisters  
of the Blessed Virgin Mary of Aberdeen, South Dakota and (ii) those persons  
serving from time to time as the Prioress and Council of the Benedictine  
Convent of the Sacred Heart (Yankton, S.D.).

System Members shall consist of up to nine members (i) three Presentation  
Sisters or their designees appointed by the Presentation Sponsorship  
Members; (ii) three Benedictine Sisters or their designees appointed by the  
Benedictine Sponsorship Members; and (iii) up to three additional members  
appointed by the Sponsorship Members. At no time shall the number of  
designees be greater than the total number of Benedictine and Presentation  
Sisters.

Form 990, Part VI, Section A, line 7a:

The System Members have the power to appoint the Board of Directors of  
Avera Health and to suspend or remove a Director at any time, with or  
without cause. They also have the power to appoint a Benedictine Sister,

Name of the organization Avera Health	Employer identification number 46-0422673
--	--

Presentation Sister, or a Ministerial Juridic Person to the Boards of Directors of any sponsored work or ministry of Avera Health.

Form 990, Part VI, Section A, line 7b:

The following powers shall be reserved to and exercised exclusively by the Sponsorship Members and none of the following actions shall be taken by Avera Health without action of the Sponsorship Members:

(a) To approve the adoption, amendment or repeal of the statements of philosophy, mission, Guiding Principles and values of Avera Health;

(b) To initiate the adoption, amendment or repeal of any provision of the Articles of Incorporation or Bylaws of Avera Health, and to give final approval of any such action with respect thereto;

(c) To establish policies regarding the alienation of real property and precious artifacts associated with the healthcare ministry which are under the canonical stewardship of the Presentation Sisters or the Benedictine Sisters;

(d) To approve any plan of merger, consolidation or dissolution of Avera Health, or the divestiture of any sponsored work or ministry associated with Avera Health;

(e) To change the composition of the Sponsorship Members, including the addition of other individuals, parties or entities to be Sponsorship Members; and

(f) To approve the creation of new sponsored works or ministries to be



Name of the organization

Avera Health

Employer identification number

46-0422673

conducted by or under the authority of Avera Health.

The following powers shall be reserved to and exercised exclusively by the System Members and none of the following actions shall be taken by Avera Health without action of the System Members:

(a) To appoint the Board of Directors of Avera Health and to suspend or remove a Director at any time, with or without cause;

(b) To appoint a Presentation Sister, a Benedictine Sister, or a Ministerial Juridic Person to the Boards of Directors of any sponsored work or ministry of Avera Health;

(c) To appoint the Chair and Vice Chair of the Board of Directors;

(d) To appoint, evaluate, suspend or remove the Avera Health President;

(e) To review and approve expenditures outside of the annual operating and capital budgets, for Avera Health in accordance with established Avera Health fiscal policies;

(f) To review and approve the Avera Health Strategic Plan;

(g) To review and approve any and all Rescript Applications on behalf of Avera Health;

(h) To adopt procedures for assuring that corporate actions are consistent with the philosophy, mission, Guiding Principles and values of Avera Health;

Name of the organization

Avera Health

Employer identification number

46-0422673

(i) To provide recommendations to the Sponsorship Members on matters requiring Sponsorship Members' approval or action;

(j) To adopt policies designed to effectuate the powers reserved to the System Members; and

(k) To exercise oversight of the Guiding Principles and such authorities which may be assigned or delegated by the Sponsorship Members.

Form 990, Part VI, Section A, line 8b:

Avera Health does not have any committees with authority to act on behalf of the governing body.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared and reviewed by an independent accounting firm. The Form 990 is then reviewed by the Avera Health VP of Financial Reporting and Tax Manager. After initial internal review, the Form 990 is made available to various members of Avera Health Executive Management, including the Avera Health CFO, President/CEO and COO. In addition, the Form 990 is made available to the Facility CEO and other Operation Finance Leaders. The public disclosure copy is made available to the Facility Board members.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy covers board members, officers and key employees. At each board meeting, a request is made for all board members to disclose any potential conflict of interest pertaining to any item

Name of the organization Avera Health	Employer identification number 46-0422673
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listed on the agenda or pertaining to any potential item that could be discussed during the course of the meeting. The declaration of conflict of interest is recorded in the meeting minutes. The board makes a determination of whether there is a conflict of interest and if so, implements the procedure for evaluating the issue or transaction involved. The board member or officer with the conflict must refrain from voting. A statement of conflict of interest disclosure is made on an annual basis by officers and directors. The information is maintained in a database and a report is provided to the board.

Form 990, Part VI, Section B, Line 15:

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.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,FL,GA,HI,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,ND,OR,PA,RI,SC,TN,UT,VA,WV  
WI

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents, conflict of interest policy, and financial statements are not made available to the general public.

Form 990, Part VI, Section B, Line 16b:

There is no written policy or procedure. In the event of any such

Name of the organization Avera Health	Employer identification number 46-0422673
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proposed transaction, the board or a committee with delegated authority reviews all materials, valuations and operational aspects for any proposed transaction. Such transaction would be evaluated in accordance with the exempt status of the organization and its applicable purposes. Any transaction also would be approved by the board and the member.

Form 990, Part X, Line 20:

The issue price includes the filing Organization's share of the entire bond issue, which was issued to Avera Health on behalf of the Avera Obligated Group. The Avera Obligated Group consists of Avera Health, Avera McKennan, Avera St. Luke's, Avera Queen of Peace, Avera Sacred Heart, Avera Marshall, Avera St. Mary's, Avera St. Anthony's, Avera St. Benedict, Avera Holy Family, Avera Tyler, Avera Granite Falls, Avera Gettysburg and Avera at Home. 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).

Form 990, Part XI, line 9, Changes in Net Assets:

Net equity transfers	-19,729,239.
Other changes in net assets	-14,381,177.
Contributions received by Avera Health Foundation not reflected in financial statements	-12,843,614.
Grants to organizations distributed by Avera Health Foundation not reflected in financial statements	18,823,706.
Net assets released from restriction	-910,726.
Adjustments to the funded status of pension plans	-142,721,829.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **Avera Health** Employer identification number **46-0422673**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Avera McKennan - 46-0224743 1325 S Cliff Ave, PO Box 5045 Sioux Falls, SD 57117	Healthcare services	South Dakota	501(c)(3)	Line 3	Avera Health	X	
Avera at Home - 46-0399291 5300 S Broadband Lane Sioux Falls, SD 57108	Home services	South Dakota	501(c)(3)	Line 10	Avera Health	X	
Avera Health Plans, Inc. - 46-0451539 3900 West Avera Drive, Suite 101 Sioux Falls, SD 57108	Health financing & health plan admin	South Dakota	501(c)(4)		Avera Health	X	
Avera Marshall - 41-0919153 300 S Bruce Street Marshall, MN 56258	Healthcare services	Minnesota	501(c)(3)	Line 3	Avera Health	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Avera Granite Falls - 84-3156881 345 10th Ave Granite Falls, MN 56241	Healthcare services	Minnesota	501(c)(3)	Line 3	Avera Marshall		X
Avera Tyler - 41-0853163 240 Willow Street Tyler, MN 56178	Healthcare services	Minnesota	501(c)(3)	Line 3	Avera Marshall	X	
Avera Queen of Peace Hospital - 46-0224604 525 North Foster Mitchell, SD 57301	Healthcare services	South Dakota	501(c)(3)	Line 3	Avera Health	X	
Avera St. Anthony's Hospital - 47-0463911 300 N 2nd Street O'Neill, NE 68763	Healthcare services	Nebraska	501(c)(3)	Line 3	Avera Health	X	
Avera St. Luke's - 46-0224598 305 South State Street Aberdeen, SD 57401	Healthcare services	South Dakota	501(c)(3)	Line 3	Avera Health	X	
Avera St. Mary's - 46-0230199 801 East Sioux Avenue Pierre, SD 57501	Healthcare services	South Dakota	501(c)(3)	Line 3	Avera Health	X	
Avera Gettysburg - 46-0234354 606 East Garfield Gettysburg, SD 57442	Healthcare services	South Dakota	501(c)(3)	Line 3	Avera St. Mary's	X	
Avera Holy Family - 42-0680370 826 North 8th Street Estherville, IA 51334	Healthcare services	Iowa	501(c)(3)	Line 3	Avera Health	X	
Holy Family Hospital Foundation - 42-1317452 826 North 8th Street Estherville, IA 51334	Support health related services	Iowa	501(c)(3)	Line 10	Avera Holy Family	X	
Sacred Heart Health Services - 46-0225483 501 Summit Street Yankton, SD 57078	Healthcare services	South Dakota	501(c)(3)	Line 3	Avera Health	X	
Lewis and Clark Health Education and Service Agency - 46-0337013, 1000 W 4th Street, Suite 9, Yankton, SD 57078	Healthcare services	South Dakota	501(c)(3)	Line 10	Avera Health	X	
St. Benedict Health Center - 46-0226738 401 West Glynn Drive Parkston, SD 57366	Healthcare services	South Dakota	501(c)(3)	Line 3	Avera Health	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
St. Benedict Health Center Foundation - 46-0458725, West Glynn Drive, PO Box B, Parkston, SD 57366	Support health related services	South Dakota	501(c)(3)	Line 12a, I	St. Benedict Health Center	X	



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Avera Home Medical Equipment of Floyd Valley Hospital, LLC - 82-0582350, 714 Lincoln St NE, Lemars, IA 51031	Medical services - home medical equipment	SD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
Avera Home Medical Equipment of Lakes Regional Healthcare, LLC - 86-2949748, 2301 Hwy 71 South Ste D, Spirit Lake, IA	Medical services - home medical equipment	IA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
Avera Home Medical Equipment of Sioux Center, LLC - 75-3203100, 38 19th St SW, Sioux Center, IA 51250	Medical services - home medical equipment	SD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
Avera Home Medical Equipment of Spencer Hospital, LLC - 80-0619999, 2400 S Minnesota Ave, Sioux Falls, SD 57117	Medical services - home medical equipment	SD	N/A	N/A	N/A	N/A		X	N/A		X	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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Accounts Management, Inc. - 46-0373021 5132 S Cliff Ave, Suite 101 Sioux Falls, SD 57108	Collection Agency	SD	Avera Health	C CORP	3,446,054.	2,626,383.	75.00%	X	
Alucent Australia Pty Ltd Level 10, 30 Collings Street Melbourne, VIC 3000, AUSTRALIA	Biotech Research	Australia	Alucent Biomedical, Inc.		-731,491.	441,636.	65.40%	X	
Alucent Biomedical, Inc. - 47-1818349 1325 S Cliff Avenue, PO Box 5045 Sioux Falls, SD 57117-5045	Biotech Research	SD	Alumend LLC	C CORP	-3,818,591.	6,033,104.	65.40%	X	
Avera Property Insurance, Inc. - 46-0463155 1000 West 4th Street, Suite 1 Yankton, SD 57078	Insurance	SD	Avera Health	C CORP	1,417,924.	2,833,478.	100%	X	
DakotaCare Administrative Services, Inc. - 46-0424322, 5300 South Broadband Lane, Sioux Falls, SD 57108	Insurance	SD	Avera Health	C CORP	713,509.	7,765,515.	100%	X	

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Brookings Health System - Avera HME, LLC - 45-3204123, 101 22nd Ave, Suite 101, Brookings, SD 57006	Healthcare Services	SD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
Caravan Health ACO 15 LLC dba Prairie Vista Care Organization - 61-1843657, 7509 NW Tiffany Springs	Accountable Care Organization	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
Caravan Health ACO 41 LLC dba Prairie View Care Organization - 82-1447782, 7509 NW Tiffany Springs	Accountable Care Organization	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
Heart Hospital of South Dakota, LLC - 56-2143771, 4500 W 69th Street, Sioux Falls, SD 57108	Healthcare Services	SD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
Surgical Associates Endoscopy Clinic, LLC - 46-0461429, 310 S Penn, Aberdeen, SD 57401	Surgical associates	SD	N/A	N/A	N/A	N/A		X	N/A		X	N/A



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Avera McKennan	K	1,743,411.	Vendor Payment Listing
(2) Avera Health Plans, Inc.	K	271,058.	Vendor Payment Listing
(3) Avera Holy Family	L	63,373.	General Ledger
(4) Avera St. Luke's	L	17,006,627.	General Ledger
(5) Avera Sacred Heart Health Services	L	16,156,056.	General Ledger
(6) Avera Marshall	L	14,690,079.	General Ledger

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)Avera Queen Of Peace Hospital	L	10,863,282.	General Ledger
(8)Avera St. Mary's	L	10,712,823.	General Ledger
(9)Avera At Home	L	4,104,958.	General Ledger
(10)Avera Health Plans, Inc.	L	2,584,146.	General Ledger
(11)St. Benedict Health Center	L	2,172,086.	General Ledger
(12)Accounts Management, Inc	L	462,312.	General Ledger
South Dakota State Medical Holding			
(13)Company, Inc.	L	356,944.	General Ledger
(14)Avera McKennan	L	138,618,230.	General Ledger
(15)Avera St. Anthony's Hospital	L	78,335.	General Ledger
(16)Avera At Home	O	218,305.	General Ledger
(17)Avera St. Mary's	O	201,205.	General Ledger
(18)Avera McKennan	O	5,423,775.	General Ledger
(19)Avera St. Anthony's Hospital	O	126,323.	General Ledger
South Dakota State Medical Holding			
(20)Company, Inc.	O	104,804.	General Ledger
(21)Avera Holy Family	O	152,156.	General Ledger
(22)Avera Sacred Heart Health Services	O	403,220.	General Ledger
(23)Avera St. Luke's	O	76,413.	General Ledger
(24)Accounts Management, Inc	O	65,972.	General Ledger

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)Avera Health Plans, Inc.	O	248,106.	General Ledger
(8)Avera Marshall	O	285,851.	General Ledger
(9)Avera At Home	P	83,552.	Vendor Payment Listing
(10)Avera Marshall	P	353,407.	Vendor Payment Listing
(11)Avera Queen Of Peace Hospital	P	70,791.	Vendor Payment Listing
(12)Avera McKennan	P	5,767,632.	Vendor Payment Listing
(13)Avera Health Plans, Inc.	P	18,475,127.	Vendor Payment Listing
(14)Avera St. Luke's	P	110,193.	Vendor Payment Listing
(15)Avera St. Luke's	Q	7,239,843.	Customer Invoice Listing
(16)Avera St. Mary's	Q	5,160,791.	Customer Invoice Listing
(17)Avera Sacred Heart Health Services	Q	4,510,995.	Customer Invoice Listing
(18)Avera Queen Of Peace Hospital	Q	4,123,146.	Customer Invoice Listing
(19)Avera Marshall	Q	3,081,130.	Customer Invoice Listing
(20)St. Benedict Health Center	Q	444,850.	Customer Invoice Listing
(21)Avera St. Anthony's Hospital	Q	1,169,372.	Customer Invoice Listing
(22)Avera At Home	Q	577,566.	Customer Invoice Listing
(23)Avera Holy Family	Q	483,714.	Customer Invoice Listing
(24)Avera McKennan	Q	72,750,258.	Customer Invoice Listing

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) Avera Sacred Heart Health Services	R	85,716.	General Ledger
(8) Avera McKennan	R	4,373,920.	General Ledger
(9) Avera St. Mary's	R	987,705.	General Ledger
(10) Avera At Home	R	913,981.	General Ledger
(11) Avera St. Anthony's Hospital	R	302,750.	General Ledger
(12) St. Benedict Health Center	R	177,587.	General Ledger
(13) Avera Marshall	R	260,620.	General Ledger
(14) Avera St. Luke's	R	234,182.	General Ledger
(15) Avera Holy Family	R	87,673.	General Ledger
(16) Avera Queen Of Peace Hospital	R	1,741,598.	General Ledger
(17) Avera Marshall	S	254,717.	General Ledger
(18) Avera McKennan	S	249,701.	General Ledger
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**Part III, Identification of Related Organizations Taxable as Partnership:**

Name, Address, and EIN of Related Organization:

Avera Home Medical Equipment of Lakes Regional Healthcare,

LLC

EIN: 86-2949748

2301 Hwy 71 South Ste D

Spirit Lake, IA 51360

Name, Address, and EIN of Related Organization:

Caravan Health ACO 15 LLC dba Prairie Vista Care

Organization

EIN: 61-1843657

7509 NW Tiffany Springs Parkway, Ste 310

Kansas City, MO 64153

Name, Address, and EIN of Related Organization:

Caravan Health ACO 41 LLC dba Prairie View Care

Organization

EIN: 82-1447782

7509 NW Tiffany Springs Parkway

Kansas City, MO 64153

Form 990, Schedule R, Part II

St. Benedict Health Center Foundation dissolved as of December 31,

2022.

Form **5471**

**Information Return of U.S. Persons With Respect to Certain Foreign Corporations**

OMB No. 1545-0123

(Rev. December 2022)

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2022**, and ending **DEC 31, 2022**

Attachment  
Sequence No. **121**

Name of person filing this return  <b>Avera Health</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>3900 West Avera Drive, 300</b> City or town, state, and ZIP code <b>Sioux Falls, SD 57108</b>	<b>A Identifying number</b>  <b>46-0422673</b>  <b>B Category of filer (See instructions. Check applicable box(es).):</b> 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/>  <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> <b>13.67 %</b>
Filer's tax year beginning <b>JUL 1, 2022</b> , and ending <b>JUN 30, 2023</b>	

**D** Check box if this is a final Form 5471 for the foreign corporation

**E** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**F** Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

**G** If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) \_\_\_\_\_

**H** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation  <b>Aurelius Capital International Ltd</b> <b>39 Market Street Suite 3205 Gardenia Court</b> <b>Grand Cayman KY1-9003</b> <b>Cayman Islands</b>	<b>b(1)</b> Employer identification number, if any  <b>b(2)</b> Reference ID number (see instructions) <b>CJ01</b>  <b>c</b> Country under whose laws incorporated <b>Cayman Islands</b>			
<b>d</b> Date of incorporation <b>09/21/05</b>	<b>e</b> Principal place of business <b>Grand Cayman Cayman Islands</b>	<b>f</b> Principal business activity code number <b>523150</b>	<b>g</b> Principal business activity <b>Holding Company</b>	<b>h</b> Functional currency code <b>USD</b>

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i)</b> Taxable income or (loss)</td> <td style="width:50%;"><b>(ii)</b> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)		
<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)				
<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different				

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
<b>Common</b>	<b>51,830</b>	<b>37,212</b>
<b>Common</b>	<b>6,403</b>	<b>375</b>



**Schedule C Income Statement**

**Important:** Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	<b>1a</b> Gross receipts or sales .....	<b>1a</b>	
	<b>b</b> Returns and allowances .....	<b>1b</b>	
	<b>c</b> Subtract line 1b from line 1a .....	<b>1c</b>	
	<b>2</b> Cost of goods sold .....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c) .....	<b>3</b>	
	<b>4</b> Dividends .....	<b>4</b>	286,662.
	<b>5</b> Interest .....	<b>5</b>	12,146,651.
	<b>6a</b> Gross rents .....	<b>6a</b>	
	<b>b</b> Gross royalties and license fees .....	<b>6b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets .....	<b>7</b>	
<b>Deductions</b>	<b>8a</b> Foreign currency transaction gain or loss - unrealized .....	<b>8a</b>	-61,301.
	<b>b</b> Foreign currency transaction gain or loss - realized .....	<b>8b</b>	-72,309.
	<b>9</b> Other income (attach statement) <b>See Statement 24</b> .....	<b>9</b>	-1,299,360.
	<b>10</b> Total income (add lines 3 through 9) .....	<b>10</b>	11,000,343.
	<b>11</b> Compensation not deducted elsewhere .....	<b>11</b>	
<b>Net Income</b>	<b>12a</b> Rents .....	<b>12a</b>	
	<b>b</b> Royalties and license fees .....	<b>12b</b>	
	<b>13</b> Interest .....	<b>13</b>	558,957.
	<b>14</b> Depreciation not deducted elsewhere .....	<b>14</b>	
	<b>15</b> Depletion .....	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)) .....	<b>16</b>	
	<b>17</b> Other deductions (attach statement - exclude income tax expense (benefit)) <b>See Statement 25</b> .....	<b>17</b>	4,601,798.
	<b>18</b> Total deductions (add lines 11 through 17) .....	<b>18</b>	5,160,755.
<b>Other Comprehensive Income</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10) .....	<b>19</b>	5,839,588.
	<b>20</b> Unusual or infrequently occurring items .....	<b>20</b>	
	<b>21a</b> Income tax expense (benefit) - current .....	<b>21a</b>	
	<b>b</b> Income tax expense (benefit) - deferred .....	<b>21b</b>	
<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b) .....	<b>22</b>	5,839,588.	
<b>Other Comprehensive Income</b>	<b>23a</b> Foreign currency translation adjustments .....	<b>23a</b>	
	<b>b</b> Other .....	<b>23b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income .....	<b>23c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c) .....	<b>24</b>	

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash .....	1	
2a Trade notes and accounts receivable .....	2a	
b Less allowance for bad debts .....	2b ( ) ( )	
3 Derivatives .....	3	
4 Inventories .....	4	
5 Other current assets (attach statement) .....	5	
6 Loans to shareholders and other related persons .....	6	
7 Investment in subsidiaries (attach statement) ..... See Statement 26	7 146,451,334.	102,051,698.
8 Other investments (attach statement) .....	8	
9a Buildings and other depreciable assets .....	9a	
b Less accumulated depreciation .....	9b ( ) ( )	
10a Depletable assets .....	10a	
b Less accumulated depletion .....	10b ( ) ( )	
11 Land (net of any amortization) .....	11	
12 Intangible assets:		
a Goodwill .....	12a	
b Organization costs .....	12b	
c Patents, trademarks, and other intangible assets .....	12c	
d Less accumulated amortization for lines 12a, 12b, and 12c .....	12d ( ) ( )	
13 Other assets (attach statement) ..... See Statement 27	13 136,829,628.	10,873,922.
14 Total assets .....	14 283,280,962.	112,925,620.
<b>Liabilities and Shareholders' Equity</b>		
15 Accounts payable .....	15	
16 Other current liabilities (attach statement) .....	16	
17 Derivatives .....	17	
18 Loans from shareholders and other related persons .....	18	
19 Other liabilities (attach statement) ..... See Statement 28	19 136,829,628.	10,873,922.
20 Capital stock:		
a Preferred stock .....	20a	
b Common stock .....	20b 10.	10.
21 Paid-in or capital surplus (attach reconciliation) .....	21 146,451,324.	102,051,688.
22 Retained earnings .....	22	
23 Less cost of treasury stock .....	23 ( ) ( )	
24 Total liabilities and shareholders' equity .....	24 283,280,962.	112,925,620.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? ..... If "Yes," see the instructions for required statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During the tax year, did the foreign corporation own an interest in any trust? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)? ..... If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? ..... If "Yes," complete lines 4b and 4c.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the base erosion payments ..... \$ _____		
c Enter the total amount of the base erosion tax benefit ..... \$ _____		
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? ..... If "Yes," complete line 5b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the total amount of the disallowed deductions (see instructions) ..... \$ _____		

Form 5471 Name, Address, Identifying Number and Number of Shares Subscribed to by Each Subscriber to the Stock of the Foreign Corporation Statement 23

Name and Address	Identifying Number	Number of Shares
N/A		0

Form 5471 Other Income Statement 24

Description	Functional Currency	Exchange Rate	U.S. Dollar
Other Income	986,641.		986,641.
Investments	5,962,021.		5,962,021.
Derivatives	705,833.		705,833.
Unrealized Investments	-7,864,085.		-7,864,085.
Unrealized Derivatives	-1,089,770.		-1,089,770.
Total to 5471, Schedule C, line 9	-1,299,360.		-1,299,360.

Form 5471 Other Deductions Statement 25

Description	Functional Currency	Exchange Rate	U.S. Dollar
Dividends	5,988.		5,988.
Management Fees	1,580,751.		1,580,751.
Legal Fees	665,010.		665,010.
Professional Fees	423,214.		423,214.
Admin Fees	224,265.		224,265.
Other	166,125.		166,125.
Incentive Allocation	1,536,445.		1,536,445.
Total to 5471, Schedule C, line 17	4,601,798.		4,601,798.

Form 5471	Investment in Subsidiaries	Statement 26
<u>Description</u>	<u>Beg. of Annual Accounting Period</u>	<u>End of Annual Accounting Period</u>
Aurelius Master Fund	146,451,334.	102,051,698.
Total to 5471, Page 3, Schedule F, line 7	<u>146,451,334.</u>	<u>102,051,698.</u>

Form 5471	Other Assets	Statement 27
<u>Description</u>	<u>Beg. of Annual Accounting Period</u>	<u>End of Annual Accounting Period</u>
redemptions receivable	136,829,628.	10,873,922.
Total to 5471, Page 4, Schedule F, line 13	<u>136,829,628.</u>	<u>10,873,922.</u>

Form 5471	Other Liabilities	Statement 28
<u>Description</u>	<u>Beg. of Annual Accounting Period</u>	<u>End of Annual Accounting Period</u>
redemptions receivable	136,829,628.	10,873,922.
Total to 5471, Page 4, Schedule F, line 19	<u>136,829,628.</u>	<u>10,873,922.</u>

**Schedule G** Other Information (continued)

		Yes	No
<b>6a</b>	Is the filer claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transactions with the foreign corporation? ..... If "Yes," complete lines 6b, 6c, and 6d. See instructions.		X
<b>b</b>	Enter the amount of gross receipts derived from all sales of general property to the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ..... \$ _____		
<b>c</b>	Enter the amount of gross receipts derived from all sales of intangible property to the foreign corporation that the filer included in its computation of FDDEI ..... \$ _____		
<b>d</b>	Enter the amount of gross receipts derived from all services provided to the foreign corporation that the filer included in its computation of FDDEI ..... \$ _____		
<b>7</b>	During the tax year, was the foreign corporation a participant in any cost-sharing arrangement? ..... If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
<b>8</b>	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? .....		X
<b>9a</b>	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year? ..... If "Yes," go to line 9b.		X
<b>b</b>	Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d) (2)(B) for the tax year .....		
<b>10</b>	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? ..... If "Yes," see instructions and attach statement.		X
<b>11</b>	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? ..... If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
<b>12</b>	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....		X
<b>13</b>	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....		X
<b>14</b>	Did you answer "Yes" to any of the questions in the instructions for line 14? ..... If "Yes," enter the corresponding code(s) from the instructions and attach statement .....		X
<b>15</b>	Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? ..... If "Yes," enter the amount ..... \$ _____		X
<b>16</b>	Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? ..... If "Yes," enter the amount ..... \$ _____		X
<b>17a</b>	Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)? .....		X
<b>b</b>	If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)? .....		
<b>18</b>	Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)? .....		X
<b>19a</b>	Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding 3 tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? .....		X
<b>b</b>	If the answer to question 19a is "Yes," provide the following. (1) The amount of such distribution(s) and acquisition(s) ..... \$ _____ (2) The amount of such related party indebtedness ..... \$ _____		



**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number	
<b>1a</b> Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	<b>1a</b>	
<b>b</b> Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	<b>1b</b>	
<b>c</b> Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	<b>1c</b>	
<b>d</b> Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	<b>1d</b>	
<b>e</b> Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	<b>1e</b>	2,030,644.
<b>f</b> Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	<b>1f</b>	
<b>g</b> Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	<b>1g</b>	
<b>h</b> Other subpart F income (enter result from Worksheet A)	<b>1h</b>	
<b>2</b> Earnings invested in U.S. property (enter the result from Worksheet B)	<b>2</b>	
<b>3</b> Reserved for future use	<b>3</b>	
<b>4</b> Factoring income See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	<b>4</b>	
<b>5a</b> Section 245A eligible dividends (see instructions)	<b>5a</b>	
<b>b</b> Extraordinary disposition amounts (see instructions)	<b>5b</b>	
<b>c</b> Extraordinary reduction amounts (see instructions)	<b>5c</b>	
<b>d</b> Section 245A(e) dividends (see instructions)	<b>5d</b>	
<b>e</b> Dividends not reported on line 5a, 5b, 5c, or 5d	<b>5e</b>	
<b>6</b> Exchange gain or (loss) on a distribution of previously taxed earnings and profits	<b>6</b>	

	Yes	No
<b>7a</b> Was any income of the foreign corporation blocked?		X
<b>b</b> Did any such income become unblocked during the tax year (see section 964(b))?		X
If the answer to either question is "Yes," attach an explanation.		
<b>8a</b> Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
<b>b</b> If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>c</b> Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
<b>9</b> Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions) \$ _____		

**SCHEDULE E  
(Form 5471)**

(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>Avera Health</b>		Identifying number <b>46-0422673</b>
Name of foreign corporation <b>Aurelius Capital International Ltd</b>		EIN (if any)
		Reference ID number (see instructions) <b>CJ01</b>
a Separate Category (Enter code - see instructions.)		▶ <b>PAS</b>
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)		▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)		▶

**Part I Taxes for Which a Foreign Tax Credit Is Allowed**

**Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspected Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	
1	<b>Aurelius Capital International Ltd</b>	<b>CJ01</b>	<input type="checkbox"/>	<b>CJ</b>	<b>2022/12/31</b>	<b>2022/12/31</b>	
2			<input type="checkbox"/>				
3			<input type="checkbox"/>				
4			<input type="checkbox"/>				
	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1	<b>5,839,588.</b>	<input type="checkbox"/>	<b>USD</b>		<b>1.000000000</b>		<b>0.</b>
2		<input type="checkbox"/>					
3		<input type="checkbox"/>					
4		<input type="checkbox"/>					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4						
6	Total (combine lines 1 through 4 of column (m))						

**Section 2 - Taxes Deemed Paid by Foreign Corporation**

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)	
1					
2					
3					
4					
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6				

Name of foreign corporation **Aurelius Capital International Ltd** EIN (if any) Reference ID number (see instructions) **CJ01**

- a** Separate Category (Enter code - see instructions.) ▶ **PAS**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No If "Yes," state date of election ▶

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed** (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
<b>1</b>									
<b>2</b>									
<b>3</b>	In functional currency (combine lines 1 and 2) <span style="float: right;">▶</span>								
<b>4</b>	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) <span style="float: right;">▶</span>								

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

		Taxes related to:			
		(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
<b>1a</b>	Balance at beginning of year (as reported in prior year Schedule E-1) <span style="float: right;">▶</span>				
<b>b</b>	Beginning balance adjustments (attach statement) <span style="float: right;">▶</span>				
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) <span style="float: right;">▶</span>				
<b>2</b>	Adjustment for foreign tax redetermination <span style="float: right;">▶</span>				
<b>3a</b>	Taxes unsuspending under anti-splitter rules <span style="float: right;">▶</span>				
<b>b</b>	Taxes suspended under anti-splitter rules <span style="float: right;">▶</span>				
<b>4</b>	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l) <span style="float: right;">▶</span>				
<b>5</b>	Taxes carried over in nonrecognition transactions <span style="float: right;">▶</span>				
<b>6</b>	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i) <span style="float: right;">▶</span>				
<b>7</b>	Other adjustments (attach statement) <span style="float: right;">▶</span>				
<b>8</b>	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7) <span style="float: right;">▶</span>				
<b>9</b>	Taxes deemed paid with respect to inclusions (see instructions) <span style="float: right;">▶</span>				
<b>10</b>	Taxes deemed paid with respect to actual distributions <span style="float: right;">▶</span>				
<b>11</b>	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P <span style="float: right;">▶</span>				
<b>12</b>	Other (attach statement) <span style="float: right;">▶</span>				
<b>13</b>	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c)) <span style="float: right;">▶</span>				
<b>14</b>	Reserved for future use <span style="float: right;">▶</span>				
<b>15</b>	Reduction for other taxes not deemed paid <span style="float: right;">▶</span>				
<b>16</b>	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12 <span style="float: right;">▶</span>				

Name of foreign corporation <b>Aurelius Capital International Ltd</b>	EIN (if any)	Reference ID number (see instructions) <b>CJ01</b>
--	--------------	---

- a** Separate Category (Enter code - see instructions.) ..... ▶ **PAS**
- b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶
- c** If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ..... ▶

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation** *(continued)*

**(e) Taxes related to previously taxed E&P** (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
<b>1a</b>										
<b>b</b>										
<b>c</b>										
<b>2</b>										
<b>3a</b>										
<b>b</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>										
<b>13</b>										
<b>14</b>										
<b>15</b>										
<b>16</b>										

**SCHEDULE H  
(Form 5471)**

(Rev. December 2021)  
Department of the Treasury  
Internal Revenue Service

**Current Earnings and Profits**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471 <b>Avera Health</b>		Identifying number <b>46-0422673</b>
Name of foreign corporation <b>Aurelius Capital International Lt</b>	EIN (if any)	Reference ID number (see instr.) <b>CJ01</b>

**IMPORTANT:** Enter the amounts on lines 1 through 5c in **functional** currency.

<b>1</b>	Current year net income or (loss) per foreign books of account		<b>1</b>	<b>5,839,588.</b>
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions	
<b>a</b>	Capital gains or losses	<b>2a</b>		
<b>b</b>	Depreciation and amortization	<b>2b</b>		
<b>c</b>	Depletion	<b>2c</b>		
<b>d</b>	Investment or incentive allowance	<b>2d</b>		
<b>e</b>	Charges to statutory reserves	<b>2e</b>		
<b>f</b>	Inventory adjustments	<b>2f</b>		
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	<b>2g</b>		
<b>h</b>	Foreign currency gains or losses	<b>2h</b>	<b>61,301.</b>	
<b>i</b>	Other (attach statement) <b>See Statement 29</b>	<b>2i</b>	<b>8,953,855.</b>	
<b>3</b>	Total net additions	<b>3</b>	<b>9,015,156.</b>	
<b>4</b>	Total net subtractions	<b>4</b>		
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4)		<b>5a</b>	<b>14,854,744.</b>
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		<b>5b</b>	
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines		<b>5c</b>	<b>14,854,744.</b>
<b>(i)</b>	General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(i)</b>		
<b>(ii)</b>	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(ii)</b>	<b>14,854,744.</b>	
<b>(iii)</b>	Section 901(j) category:			
<b>(A)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(A)</b>		
<b>(B)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(B)</b>		
<b>(C)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(C)</b>		
<b>(D)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(D)</b>		
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))		<b>5d</b>	<b>14,854,744.</b>
<b>e</b>	Enter exchange rate used for line 5d ▶ _____			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule H (Form 5471) (Rev. 12-2021)

Form 5471

Other Net Adjustments

Statement 29

<u>Description</u>	<u>Net Additions</u>	<u>Net Subtractions</u>
Unrealized Investments	7,864,085.	
Unrealized derivatives	1,089,770.	
Total to 5471, Schedule H, line 2i	<u>8,953,855.</u>	

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

OMB No. 1545-0123

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471 <b>Avera Health</b>		Identifying number <b>46-0422673</b>
Name of foreign corporation <b>Aurelius Capital International Ltd</b>	EIN (if any)	Reference ID number (see instructions) <b>CJ01</b>

Separate Category (Enter code - see instructions) ..... ▶ **PAS**

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts) .....	<b>1</b>	<b>20015499.</b>		
<b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>	<b>20015499.</b>		
<b>c</b> High-tax exception income per section 954(b)(4) .....	<b>2c</b>			
<b>d</b> Related party dividends .....	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income .....	<b>2e</b>			
<b>3</b> Total exclusions (combine lines 2a through 2e) .....	<b>3</b>	<b>20015499.</b>		
<b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions) ...	<b>4</b>	<b>0.</b>		
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>			
<b>6</b> Tested income (loss) (line 4 minus line 5) .....	<b>6</b>	<b>0.</b>	<b>1.000000</b>	
<b>7</b> Tested foreign income taxes .....	<b>7</b>		<b>1.000000</b>	
<b>8</b> Qualified business asset investment (QBAI) .....	<b>8</b>		<b>1.000000</b>	
<b>9a</b> Interest expense included on line 5 .....	<b>9a</b>			
<b>b</b> Qualified interest expense .....	<b>9b</b>			
<b>c</b> Tested loss QBAI amount .....	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- .....	<b>9d</b>		<b>1.000000</b>	
<b>10a</b> Interest income included in line 4 .....	<b>10a</b>			
<b>b</b> Qualified interest income .....	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....	<b>10c</b>		<b>1.000000</b>	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule I-1 (Form 5471) (Rev. 12-2021)

**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

▶ Attach to Form 5471.

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

Identifying number

**Avera Health**

**46-0422673**

Name of foreign corporation

EIN (if any)

Reference ID number

**Aurelius Capital International Ltd**

**CJ01**

**a** Separate Category (Enter code - see instructions.) ..... ▶ **PAS**

**b** If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

**Important:** Enter amounts in functional currency.

	(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
					(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP
<b>1a</b> Balance at beginning of year (as reported on prior year Schedule J) .....	<b>146451324.</b>					
<b>b</b> Beginning balance adjustments (attach statement) .....						
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....	<b>146451324.</b>					
<b>2a</b> Reduction for taxes unsuspending under anti-splitter rules						
<b>b</b> Disallowed deduction for taxes suspended under anti-splitter rules .....						
<b>3</b> Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) .....	<b>14,854,744.</b>					
<b>4</b> E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....						
<b>5a</b> E&P carried over in nonrecognition transaction .....						
<b>b</b> Reclassify deficit in E&P as hovering deficit after nonrecognition transaction .....						
<b>6</b> Other adjustments (attach statement) .....						
<b>7</b> Total current and accumulated E&P (combine lines 1c through 6) .....	<b>161306068.</b>					
<b>8</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....	<b>-2,030,644.</b>					
<b>9</b> Actual distributions .....						
<b>10</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....						
<b>11</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b> Other adjustments (attach statement) .....						
<b>13</b> Hovering deficit offset of undistributed post-transaction E&P (see instructions) .....						
<b>14</b> Balance at beginning of next year (combine lines 7 through 13)	<b>159275424.</b>					



**Part I Accumulated E&P of Controlled Foreign Corporation** *(continued)*

	<b>(e) Previously Taxed E&amp;P</b> (see instructions)				
	<b>(iii)</b> General section 959(c)(1) PTEP	<b>(iv)</b> Reclassified section 951A PTEP	<b>(v)</b> Reclassified section 245A(d) PTEP	<b>(vi)</b> Section 965(a) PTEP	<b>(vii)</b> Section 965(b) PTEP
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

	<b>(e) Previously Taxed E&amp;P</b> (see instructions)			<b>(f)</b>
	<b>(viii)</b> Section 951A PTEP	<b>(ix)</b> Section 245A(d) PTEP	<b>(x)</b> Section 951(a)(1)(A) PTEP	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a				146,451,324.
b				
c				146,451,324.
2a				
b				
3				14,854,744.
4				
5a				
b				
6				
7				161,306,068.
8			2,030,644.	0.
9				
10				
11				
12				
13				
14			2,030,644.	161,306,068.

**Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

<b>1</b>	Balance at beginning of year .....	▶	<b>1</b>	
<b>2</b>	Additions (amounts subject to future recapture) .....	▶	<b>2</b>	
<b>3</b>	Subtractions (amounts recaptured in current year) .....	▶	<b>3</b>	
<b>4</b>	Balance at end of year (combine lines 1 through 3) .....	▶	<b>4</b>	

Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign  
Corporation, and Acquisitions and  
Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

**Avera Health**

Name of foreign corporation

**Aurelius Capital International Ltd**

EIN (if any)

Reference ID number

**CJ01**

Identifying number

**46-0422673**

**Important:** Complete a separate Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A - General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	

**Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

**Section C - Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer
Avera Health 3900 West Avera Drive Sioux Falls SD 57108	46-0422673	07/01/22

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	
recapitalization/ redemption	0.	0.	N/A

**Section F - Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).  
**See Statement 30**

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Form 5471 Schedule O

Statement 30

Foreign Corporation's Position in the Chain of  
Ownership and the Percentages of Stock Ownership

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Avera Health owns 13.67% of Foreign Corp Aurelious Capital International Ltd. This amount increased from 1% to 13.67% because other shareholders were redeemed out of the controlled foreign corporation. The number of Aurelious Capital International Ltd. shares owned by Avera Health remained unchanged.

**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder  
of Certain Foreign Corporations**

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>Avera Health</b>		Identifying number <b>46-0422673</b>
Name of U.S. shareholder <b>Avera Health</b>		Identifying number <b>46-0422673</b>
Name of foreign corporation <b>Aurelius Capital International Ltd</b>	EIN (if any)	Reference ID number (see instructions) <b>CJ01</b>
a Separate Category (Enter code - see instructions.) .....		▶ <b>PAS</b>
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) .....		▶

**Part I Previously Taxed E&P in Functional Currency** (see instructions)

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

**Part I** **Previously Taxed E&P in Functional Currency** (see instructions) *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7							2,030,644.	2,030,644.
8								
9								
10								
11								
12							2,030,644.	2,030,644.

**Part II Previously Taxed E&P in U.S. Dollars**

	(a) Reclassified section 965(a) PTEP	(b) Reclassified section 965(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions) .....			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			



**Part II** Previously Taxed E&P in U.S. Dollars *(continued)*

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
<b>1a</b>								
<b>b</b>								
<b>c</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								
<b>6</b>								
<b>7</b>							2,030,644.	2,030,644.
<b>8</b>								
<b>9</b>								
<b>10</b>								
<b>11</b>								
<b>12</b>							2,030,644.	2,030,644.

**SCHEDULE Q  
(Form 5471)**

(Rev. December 2022)  
Department of the Treasury  
Internal Revenue Service

**CFC Income by CFC Income Groups**

Attach to Form 5471.

Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 <b>Avera Health</b>		Identifying number <b>46-0422673</b>
Name of foreign corporation <b>Aurelius Capital International Ltd</b>	EIN (if any)	Reference ID number (see instructions) <b>CJ01</b>

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

- A** Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ..... PAS
- B** If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) ..... III
- C** If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions) .....

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

- D** Indicate whether this Schedule Q is being completed for:  U.S. source income or  Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

- E** If this Schedule Q is being completed for FOGEI or FORI income, check this box

<i>Enter amounts in functional currency of the foreign corporation (unless otherwise noted).</i>	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>a</b> Dividends, Interest, Rents, Royalties, & Annuities (Total) .....		20,015,499.	4,601,798.		558,957.		
<b>(1)</b> Unit name: <u>Aurelius Cap</u>	CJ	20,015,499.	4,601,798.		558,957.		
<b>(2)</b> Unit name: _____							
<b>b</b> Net Gain From Certain Property Transactions (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>c</b> Net Gain From Commodities Transactions (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>d</b> Net Foreign Currency Gain (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>e</b> Income Equivalent to Interest (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>f</b> Other .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>g</b> Foreign Base Company Sales							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							

**Important:** See Computer-Generated Schedule Q in instructions.

LHA For Paperwork Reduction Act Notice, see instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>a</b>				14,854,744.					
(1)				14,854,744.					
(2)									
<b>b</b>									
(1)									
(2)									
<b>c</b>									
(1)									
(2)									
<b>d</b>									
(1)									
(2)									
<b>e</b>									
(1)									
(2)									
<b>f</b>									
(1)									
(2)									
<b>g</b>									
(1)									
(2)									

**Important:** See **Computer-Generated Schedule Q** in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach schedule)
<b>1</b> Subpart F Income Groups							
<b>h</b> Foreign Base Company Services							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>i</b> Full Inclusion Foreign Base Company							
Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>j</b> Insurance Income (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>k</b> International Boycott Income .....							
<b>l</b> Bribes, Kickbacks, and Other Payments .....							
<b>m</b> Section 901(j) income .....							
<b>2</b> Recaptured Subpart F Income .....							
<b>3</b> Tested Income Group (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>4</b> Residual Income Group (Total) .....							
<b>(1)</b> Unit name: _____							
<b>(2)</b> Unit name: _____							
<b>5</b> Total .....		20,015,499.	4,601,798.		558,957.		

**Important:** See Computer-Generated Schedule Q in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
<b>1</b>									
<b>h</b>									
(1)									
(2)									
<b>i</b>									
(1)									
(2)									
<b>j</b>									
(1)									
(2)									
<b>k</b>									
<b>l</b>									
<b>m</b>									
<b>2</b>									
<b>3</b>									
(1)									
(2)									
<b>4</b>									
(1)									
(2)									
<b>5</b>				14,854,744.					

**Important:** See **Computer-Generated Schedule Q** in instructions.

**SCHEDULE R  
(Form 5471)**

(December 2020)  
Department of the Treasury  
Internal Revenue Service

**Distributions From a Foreign Corporation**

▶ **Attach to Form 5471.**

OMB No. 1545-0123

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

Name of person filing Form 5471

**Avera Health**

Identifying number

**46-0422673**

Name of foreign corporation

**Aurelius Capital International Ltd**

EIN (if any)

Reference ID number (see instructions)

**CJ01**

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	None	06/30/2023	0.	0.
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

**Summary of U.S. Shareholder's Pro Rata Share of Subpart F Income of a CFC** (See the instructions, later.) Enter the amounts on lines 1a through 62, 64, 66, and 68 in functional currency.

<b>1 Gross foreign personal holding company income:</b>			
a	Dividends, interest, royalties, rents, and annuities (section 954(c)(1)(A)) (excluding amounts described in sections 954(c)(2), (3), and (6))	1a	14,854,744.
b	Excess of gains over losses from certain property transactions (section 954(c)(1)(B))	1b	
c	Excess of gains over losses from commodity transactions (section 954(c)(1)(C))	1c	
d	Excess of foreign currency gains over foreign currency losses (section 954(c)(1)(D))	1d	
e	Income equivalent to interest (section 954(c)(1)(E))	1e	
f	Net income from a notional principal contract (section 954(c)(1)(F))	1f	
g	Payments in lieu of dividends (section 954(c)(1)(G))	1g	
h	Certain amounts received for services under personal service contracts (see section 954(c)(1)(H))	1h	
i	Certain amounts from sales of partnership interests to which the look-through rule of section 954(c)(4) applies	1i	
2	Gross foreign personal holding company income. Add lines 1a through 1i	2	14,854,744.
3	Gross foreign base company sales income (see section 954(d))	3	
4	Gross foreign base company services income (see section 954(e))	4	
5	Gross foreign base company income. Add lines 2 through 4	5	14,854,744.
6	Gross insurance income (see sections 953 and 954(b)(3)(C) and the instructions for lines 18 and 19)	6	
7	Gross foreign base company income and gross insurance income. Add lines 5 and 6	7	14,854,744.
8	Enter 5% of total gross income (as computed for income tax purposes)	8	742,737.
9	Enter 70% of total gross income (as computed for income tax purposes)	9	10,398,321.
10	If line 7 is less than line 8 and less than \$1 million, enter -0- on this line and skip lines 11 through 19	10	
11	If line 7 is more than line 9, enter total gross income (as computed for income tax purposes)	11	14,854,744.
12	Total adjusted gross foreign base company income and insurance income (enter the greater of line 7 or line 11)	12	14,854,744.
<b>13 Adjusted net foreign personal holding company income:</b>			
a	Enter amount from line 2	13a	14,854,744.
b	Expenses directly related to amount on line 2	13b	
c	Subtract line 13b from line 13a	13c	14,854,744.
d	Related person interest expense (see section 954(b)(5))	13d	
e	Other expenses allocated and apportioned to the amount on line 2 under section 954(b)(5)	13e	
f	Net foreign personal holding company income. Subtract the sum of lines 13d and 13e from line 13c	13f	14,854,744.
g	Net foreign personal holding company income excluded under high-tax exception	13g	
h	Subtract line 13g from line 13f	13h	14,854,744.
<b>14 Adjusted net foreign base company sales income:</b>			
a	Enter amount from line 3	14a	
b	Expenses allocated and apportioned to the amount on line 3 under section 954(b)(5)	14b	
c	Net foreign base company sales income. Subtract line 14b from line 14a	14c	
d	Net foreign base company sales income excluded under high-tax exception	14d	
e	Subtract line 14d from line 14c	14e	
<b>15 Adjusted net foreign base company services income:</b>			
a	Enter amount from line 4	15a	
b	Expenses allocated and apportioned to line 4 under section 954(b)(5)	15b	
c	Net foreign base company services income. Subtract line 15b from line 15a	15c	
d	Net foreign base company services income excluded under high-tax exception	15d	
e	Subtract line 15d from line 15c	15e	
<b>16 Adjusted net full inclusion foreign base company income:</b>			
a	Enter the excess, if any, of line 11 over line 7	16a	
b	Expenses allocated and apportioned under section 954(b)(5)	16b	
c	Net full inclusion foreign base company income. Subtract line 16b from line 16a	16c	
d	Net full inclusion foreign base company income excluded under high-tax exception	16d	
e	Subtract line 16d from line 16c	16e	

**Worksheet A (continued) (See instructions)**

<b>17 Adjusted net foreign base company income.</b> Add lines 13h, 14e, 15e, and 16e		<b>17</b>	<b>14,854,744.</b>
<b>18 Adjusted net insurance income</b> (other than related person insurance income):			
<b>a</b> Enter amount from line 6 (other than related person insurance income)	<b>18a</b>		
<b>b</b> Expenses allocated and apportioned to the amount on line 18a under section 953	<b>18b</b>		
<b>c</b> Net insurance income. Subtract line 18b from line 18a	<b>18c</b>		
<b>d</b> Net insurance income excluded under high-tax exception	<b>18d</b>		
<b>e</b> Subtract line 18d from line 18c		<b>18e</b>	
<b>19 Adjusted net related person insurance income:</b>			
<b>a</b> Enter amount from line 6 that is related person insurance income	<b>19a</b>		
<b>b</b> Expenses allocated and apportioned to the amount on line 19a under section 953	<b>19b</b>		
<b>c</b> Net related person insurance income. Subtract line 19b from line 19a	<b>19c</b>		
<b>d</b> Net related person insurance income excluded under high-tax exception	<b>19d</b>		
<b>e</b> Subtract line 19d from line 19c		<b>19e</b>	
<b>20</b> International boycott income (section 952(a)(3))		<b>20</b>	
<b>21</b> Illegal bribes, kickbacks, and other payments (section 952(a)(4))		<b>21</b>	
<b>22</b> Income described in section 952(a)(5) (see instructions)		<b>22</b>	
<b>23</b> Subpart F income before application of sections 952(b) and (c) and section 959(b). Add lines 17, 18e, 19e, and 20 through 22		<b>23</b>	<b>14,854,744.</b>
<b>24</b> Enter the portion of line 13h that is U.S. source income effectively connected with a U.S. trade or business (section 952(b))	<b>24</b>		
<b>25</b> Exclusions under section 959(b) that apply to line 13h amount	<b>25</b>		
<b>26 Section 954(c) subpart F Foreign Personal Holding Company Income.</b> Subtract the sum of lines 24 and 25 from line 13h		<b>26</b>	<b>14,854,744.</b>
<b>27</b> Enter the portion of line 14e that is U.S. source income effectively connected with a U.S. trade or business (section 952(b))	<b>27</b>		
<b>28</b> Exclusions under section 959(b) that apply to line 14e amount	<b>28</b>		
<b>29 Section 954(d) subpart F Foreign Base Company Sales Income.</b> Subtract the sum of lines 27 and 28 from line 14e		<b>29</b>	
<b>30</b> Enter the portion of line 15e that is U.S. source income effectively connected with a U.S. trade or business (section 952(b))	<b>30</b>		
<b>31</b> Exclusions under section 959(b) that apply to line 15e amount	<b>31</b>		
<b>32 Section 954(e) subpart F Foreign Base Company Services Income.</b> Subtract the sum of lines 30 and 31 from line 15e		<b>32</b>	
<b>33</b> Enter the sum of the portion of lines 16e, 18e, 19e, 20, 21, and 22 that is U.S. source income effectively connected with a U.S. trade or business (section 952(b))	<b>33</b>		
<b>34</b> Exclusions under section 959(b) that apply to line 16e, 18e, 19e, 20, 21, and 22 amounts	<b>34</b>		
<b>35 Other subpart F income.</b> Subtract the sum of lines 33 and 34 from the sum of lines 16e, 18e, 19e, 20, 21, and 22		<b>35</b>	
<b>36 Total subpart F income.</b> Add lines 26, 29, 32, and 35		<b>36</b>	<b>14,854,744.</b>
<b>37 Current E&amp;P limitation computation:</b>			
<b>a</b> Current E&P	<b>37a</b>		<b>14,854,744.</b>
<b>b</b> Tested loss (enter as a positive number - see instructions)	<b>37b</b>		
<b>c</b> Total of line 37a and line 37b	<b>37c</b>		<b>14,854,744.</b>
<b>38</b> Enter the smaller of line 36 or line 37c		<b>38</b>	



**Worksheet A (continued) (See instructions)**

<p><b>39</b> If the amount on line 37c is less than the amount on line 36, allocate the subpart F income remaining (after having been limited) to lines 40, 41, 42, and 43 below in the manner prescribed by Regulations section 1.952-1(e). If the amount on line 37c is greater than or equal to the amount on line 36, enter the amount from line 26 onto line 40, enter the amount from line 29 onto line 41, enter the amount from line 32 onto line 42, and enter the amount from line 35 onto line 43.</p>			
40	Section 954(c) subpart F Foreign Personal Holding Company Income subtotal	40	14,854,744.
41	Section 954(d) subpart F Foreign Base Company Sales Income subtotal	41	
42	Section 954(e) subpart F Foreign Base Company Services Income subtotal	42	
43	Other subpart F income subtotal	43	
44	Shareholder's pro rata share of line 40	44	2,030,644.
45	Shareholder's pro rata share of export trade income that applies to line 44 amount (see section 970(a))	45	
46	Section 954(c) subpart F Foreign Personal Holding Company Income subtotal. Subtract line 45 from line 44	46	2,030,644.
47	Shareholder's pro rata share of line 41	47	
48	Shareholder's pro rata share of export trade income that applies to line 47 amount (see section 970(a))	48	
49	Section 954(d) subpart F Foreign Base Company Sales Income subtotal. Subtract line 48 from line 47	49	
50	Shareholder's pro rata share of line 42	50	
51	Shareholder's pro rata share of export trade income that applies to line 50 amount (see section 970(a))	51	
52	Section 954(e) subpart F Foreign Base Company Services Income subtotal. Subtract line 51 from line 50	52	
53	Shareholder's pro rata share of line 43	53	
54	Shareholder's pro rata share of export trade income that applies to line 53 amount (see section 970(a))	54	
55	Other subpart F income subtotal. Subtract line 54 from line 53	55	
56	Add lines 46, 49, 52, and 55	56	2,030,644.
57	Divide the number of days in the tax year that the corporation was a CFC by the number of days in the tax year and multiply the result by line 56	57	
58	Dividends paid to any other person with respect to your stock during the tax year	58	
59	Divide the number of days in the tax year you did not own such stock by the number of days in the tax year and multiply the result by line 56	59	
60	Enter the smaller of line 58 or line 59	60	
61	<b>Shareholder's pro rata share of subpart F income.</b> Subtract line 60 from line 57	61	
62	Amount of line 61 that applies to section 954(c) subpart F Foreign Personal Holding Company Income	62	2,030,644.
63	Translate the amount on line 62 from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1e	63	2,030,644.
64	Amount of line 61 that applies to section 954(d) subpart F Foreign Base Company Sales Income	64	
65	Translate the amount on line 64 from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1f	65	
66	Amount of line 61 that applies to section 954(e) subpart F Foreign Base Company Services Income	66	
67	Translate the amount on line 66 from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1g	67	
68	Amount of line 61 that applies to other subpart F income	68	
69	Translate the amount on line 68 from functional currency to U.S. dollars at the average exchange rate. See section 989(b). Enter the result here and on Form 5471, Schedule I, line 1h	69	