Department of the

Return of Organization Exempt From Income Tax

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

The net enter social sociality numbers on this form as it may be made public

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

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

s) 2019

DLN: 93493316034650

Open to Public

Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: AVERA HEALTH PLANS INC ☑ Address change 46-0451539 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5300 S BROADBAND LN ☐ Amended return ☐ Application pending (605) 322-4500 City or town, state or province, country, and ZIP or foreign postal code SIOUX FALLS, SD $\,$ 57108 $\,$ G Gross receipts \$ 298,227,515 Name and address of principal officer: H(a) Is this a group return for **BOB SUTTON** □Yes ☑No subordinates? 5300 S BROADBAND LN H(b) Are all subordinates SIOUX FALLS, SD 57108 ☐ Yes ☐No included? \Box 501(c)(3) **✓** 501(c) (4) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► AVERAHEALTHPLANS.COM L Year of formation: 1999 M State of legal domicile: SD **K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledownSummary 1 Briefly describe the organization's mission or most significant activities: PROVIDE LOW-COST, HIGH QUALITY HEALTH PLAN COVERAGE. Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 192 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 1,268,892 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 17,617 19,244 Ravenue 266,454,740 284,786,079 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,993,729 2,580,383 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30,879 268,466,086 287,416,585 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 100,000 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 11,990,857 13,177,580 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 243,397,263 262,506,246 255,488,120 275,683,826 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 11,732,759 Revenue less expenses. Subtract line 18 from line 12 . 12,977,966 Net Assets or Fund Balances Beginning of Current Year End of Year 77,746,308 94,760,633 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 37,995,239 43,588,104 Net assets or fund balances. Subtract line 21 from line 20 . 39,751,069 51,172,529 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 Signature of officer Sign Here CHRISTOPHER JESSEN CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2020-11-10 P00851848 Paid self-employed Firm's name ► EIDE BAILLY LLP Firm's EIN ► 45-0250958 Preparer Use Only Firm's address ≥ 200 E 10TH ST STE 500 Phone no. (605) 339-1999 SIOUX FALLS, SD 571046375 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2019)					Page 2
Pa	rt III State	ment of Program Service	e Accomplis	hments		
	Check	if Schedule O contains a respo	nse or note to	any line in this Part III .		🗹
1	Briefly describ	e the organization's mission:				
		MINISTRY ROOTED IN THE G BY PROVIDING QUALITY SERV			SITIVE IMPACT IN THE LIVES AND) HEALTH OF PERSONS
2	Did the organi					
	the prior Form	n 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," descr	ribe these new services on Sch	edule O.			
3	Did the organi	ization cease conducting, or m	ake significant	changes in how it condu	cts, any program	
		ribe these changes on Schedul				☐ Yes ☑ No
4	Describe the of Section 501(c	organization's program service	accomplishmer	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code:) (Expenses \$	246,570,821	including grants of \$) (Revenue \$	283,517,187)
	See Additional D	, , ,	2 10,0,0,0,021	meraaning grantes or ¢	, (Notellas q	200/01//10/
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other prograr (Expenses \$	m services (Describe in Schedu incl	ıle O.) uding grants of	\$) (Revenue \$)
40	Total progra	m service expenses ▶	246.570.8	21		

17

18

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part 91	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No

18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Nο **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic No 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

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

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

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

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

Nο

Nο

16

17

22 Not be organization report more than 6.5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or S about compensation of the organization's current and ormer officers, directors, truckess, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "Wo," go to line 25s. 24 Did the organization have at twee exempt bond subserved that an an account of the text of the text of the very that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Wo," go to line 25s. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501c()(3), 501c()(4), and 501c()(29) organizations. Did the organization engage in an excess benefit transaction what a disgualified person during the year? If "Yes," complete Schedule L, Part I. 28 Did the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization spin Forms 990 or 990-E22 If "Yes," complete Schedule L, Part II. 29 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former office, director, trustee, eye employee, creator or founder, substantial contribution, or 35% controlled entity of mile organization spin the contribution or any organization spin the contribution organization spin the contributions and exceptions; 29 A current or former officer, director, trustee, key employee, creator or founder, substantial contributions and exceptions; 29 A current or former officer, director, trustee,		990 (2019)			Page
22 Not be organization report more than 6.5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or S about compensation of the organization's current and ormer officers, directors, truckess, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "Wo," go to line 25s. 24 Did the organization have at twee exempt bond subserved that an an account of the text of the text of the very that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Wo," go to line 25s. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501c()(3), 501c()(4), and 501c()(29) organizations. Did the organization engage in an excess benefit transaction what a disgualified person during the year? If "Yes," complete Schedule L, Part I. 28 Did the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization spin Forms 990 or 990-E22 If "Yes," complete Schedule L, Part II. 29 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former office, director, trustee, eye employee, creator or founder, substantial contribution, or 35% controlled entity of mile organization spin the contribution or any organization spin the contribution organization spin the contributions and exceptions; 29 A current or former officer, director, trustee, key employee, creator or founder, substantial contributions and exceptions; 29 A current or former officer, director, trustee,	Part	Checklist of Required Schedules (continued)			
and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "No," go to line 25a. 23 Pes Schedule I, If "No," go to line 25a. 24b Did the organization have a tax-exempt bond issue with an ourstanding principal amount of more than \$1.00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "No," go to line 25a. 24b Did the organization maintain an escrow account other than a refuncing escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization axis an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1 25b Did the organization export 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? If "Yes," complete Schedule L, Part IV 26 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 35% controlled entity (including an employee thereof), grant selection committee member, or to a 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28a? If "Yes," complete Schedule II. Part IV 27 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV 28 Did the organization ill, exchange, dispose of, or transfer more than 259% of its net assets? If "Yes," complete Schedule III. Part IV, and Part V, l				Yes	No
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II and II the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. Dis 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-e27 If "Yes," complete Schedule L, Part I. 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 99% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, wey employee, creator or founder, substantial contributor, or 99% controlled entity of respirations of the part of the following parties (see Schedule L, Part II.) A can see a substantial contributor, or employee thereof, grant selection committee member, or toe, complete Schedule L, Part II. A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part II. Did the organization rece			22		No
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization and sand that the complete Schedule I are selected by the organization and sand and solico (23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I that the transaction aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction as not been reported on any of the organization provide activity of the organization provide against or founder, substantial contributor, or 35% controlled entity fortes, "complete Schedule I. Part I I instructions for founder, substantial contributor, or employee, creator or founder, substantial contributor? If "Yes," complete Schedule I. Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I. Part IV instructions for applicable filing thresholds, conditions, and exceptions): b A family member of any individual described in l		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Yes	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Sas Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Sas No. 10 Did 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 is prior Forms 990 or 990-527 If "Yes," complete Schedule L, Part I I Sas No. 10 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founded L, Part II Sas No. 10 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, treator or founded reports the propose thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27		the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No
to defease any tax-exempt bonds?	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Sa Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24c		
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-E27 If "Yes," complete Schedule L, Part II. 25a No. 10 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? If "Yes," complete Schedule L, Part II as 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II as 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 25b No. 27c No. 2	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I. 5 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? If "Yes," complete Schedule L, Part II "D. 7 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection contribute member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IIV instructions for applicable filing thresholds, conditions, and exceptions): 8 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 8 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 10 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 10 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 11 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$301.7701-2 and \$301.7701-23 If "Yes," complete Schedule R, Part II. 12 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$301.7701-2 and \$301.7701-23 If "Yes," complete Schedule R, Part			25a		No
officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II and 35% controlled entity or family 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? If "Yes," complete Schedule L, Part IV (instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV (instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV (instructions for any individual described in line 28a? If "Yes," complete Schedule L, Part IV (instructions for any individual described in line 28a? If "Yes," complete Schedule L, Part IV (instructions for any individual described in line 28a? If "Yes," complete Schedule L, Part IV (instructions? If "Yes," complete Schedule L, Part IV (instructions? If "Yes," complete Schedule L, Part IV (instructions? If "Yes," complete Schedule R, Part II (instructions) Instructions and inst		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		No
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? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a No. 28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b No. 28b Obditions of a policidade and in line 28a? If "Yes," complete Schedule L, Part IV 28c Yes Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 No. 20c Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 No. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedu		officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family			No
instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 The Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2 Did the organization complete Schedule R, Part V, line 2	7	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? If "Yes," complete	27		No
complete Schedule L, Part IV					
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," 28c Yes 29 Not and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 Not and the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I and the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II and the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			28a		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			28c	Yes	
contributions? If "Yes," complete Schedule M	•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			30		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
33 No. 1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I					No
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			33		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Yes	
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
organization? If "Yes," complete Schedule R, Part V, line 2			35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.			36		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that	37		No
	3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.	38	Yes	

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

Yes

2,509

0

1c

1a

1b

-01111	290 (2019)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			N1 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

OHIII	990 (2019)			Page 0
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<u> </u>	16b		No
	ction C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: CHRISTOPHER JESSEN CFO 5300 S BROADBAND LN SIOUX FALLS, SD 57108 (605) 322-4500			
		F	orm 99	0 (2019)

DIRECTOR - BEG 08/2019

(17) DR CLARK LIKNESS

DIRECTOR

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

See instructions for the order in which to list the			_							
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list	Position that pers	on (do an on on is	(C) o no e bot	t cho x, u	eck m inless office	ore er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	a Individual trustee or director	Institutional Trustee	Officer:		Highest compensated		organization (W-2/1099- MISC)	organizations (W-2/1099- MISC)	from the organization and related organizations
(1) BOB SUTTON DIRECTOR - BEG 08/2019	1.00 40.00	Х						0	1,759,265	48,495
(2) JIM BRECKENRIDGE	2.00	х		х				0	1,018,166	35,990
SECRETARY/TREASURER (3) RICH KORMAN VICE PRESIDENT	40.00 1.00 40.00			Х				0	690,650	48,495
(4) ROBIN BATES PRESIDENT	4.00			×				0	660,730	39,016
(5) DOUG EKEREN DIRECTOR	1.00 40.00	X						0	554,040	38,316
(6) JORDAN ANDERSON VICE PRESIDENT OF SALES	40.00				х			379,293	0	46,827
(7) DR PRESTON RENSHAW	40.00			х				363,890	0	45,615
(8) DEBRA MULLER	40.00	X		х				337,476	0	22,160
(9) CHRISTOPHER JESSEN CFO	40.00			х				210,924	0	45,017
(10) CHRISTINE LOUNSBERY DIRECTOR OF MEDICAL MGMT	40.00					X		162,457	0	33,290
(11) SHELLIE REITZEL DIRECTOR OF SALES	40.00					x		155,164	0	11,315
(12) TANNA GRIES DIRECTOR OF FINANCIAL RPTG	40.00					х		151,900	0	10,588
(13) RUSSELL MENDEL SALES ASSOCIATE	40.00					х		142,873	0	29,844
(14) TRIXY BURGESS DIRECTOR OF SERVICE INTEGRATION, SALES	40.00					х		136,757	0	21,888
(15) DR THOMAS DEAN DIRECTOR	1.00	х						0	0	C
(16) MICHAEL BENDER	1.00							0		(

0.00 1.00

0.00

Χ

0

0

0

0

0

Form 990 (2019)												Page 8
Part VII Section A. Officers, Directors	i i	ey Em	ploy			d Hig	jhes	1		(con		
(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	οχ, ι an of	ot che unles officer	eck moss ss pers r and a tee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from relate organization	on ed ns	Estima amount o compen from	ated of other sation the
	for related organizations below dotted line)	lividual trustee director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099 MISC)	}-	organizat relat organiza	:ed
(18) CLARK SINCLAIR	1.00	x		Γ			['	0		0		0
DIRECTOR - BEG 08/2019 (19) GARY GASPAR	0.00)	 	\vdash	₩'		₩'	 	 			
	0.00	x			!	'	'	0	,	0		0
DIRECTOR (20) DAVE TIMPE	1.00		+	+	+	\square	\vdash		 	\dashv		
DIRECTOR - UNTIL 03/2019	0.00	x			'		<u> </u>	0		0		0
			_	_								
			\vdash	F			\square					
	<u> </u>											
1b Sub-Total				•	*		<u></u>	2,040,734	4,682,85	51		476,856
Total number of individuals (including but of reportable compensation from the organisms)	t not limited to t					-	ceive					
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	•		, key	emp	oloye	e, or h	nigh:	est compensated er	mployee on	_	Yes	No
For any individual listed on line 1a, is the organization and related organizations greindividual	sum of reportal	able com							:he	4		No
5 Did any person listed on line 1a receive o services rendered to the organization?If "										5		No
Section B. Independent Contractors			—	—	—		—					140
Complete this table for your five highest of from the organization. Report compensation.	compensated in tion for the caler	depend ndar ye	lent c	ontr idinç	acto g wit	rs tha h or w	t rec	ceived more than \$ 1 the organization's	s tax year.	mpen		
	(A) business address	_	_	_	_		_	Descrip	(B) otion of services	_	(C) Compen	
BEECHER EVERGREEN MGD CARE 6 CONCOURSE PARKWAY STE 2300	-							CONSULTING S				,337,177
ATLANTA, GA 30328 MUTUAL MED INSURANCE SVC LLC								COMMISSIONS	<u> </u>		2,	,078,116
4321 E 60TH ST DAVENPORT, IA 52807 INHEALTH STRATEGIES LLC								CONTRACTED S	SFRVICES		1,	,845,229
1 CENTER POINT DR STE 200 LA PALMA, CA 90623									351141655			045,22
CVS PHARMACY 1 CENTER POINT DR								ADMIN FEES				275,095
LA PALMA, CA 90623 HUB INTL MOUNTAIN STATES LTD								COMMISSIONS				225,427
PO BOX 2158 RIVERSIDE, CA 925166159								COMMISSIONS	,			225,421
2 Total number of independent contractors (ir compensation from the organization ▶ 22	ncluding but not	t limited	d to t	hose	e list	ed abo	ove)	who received more	e than \$100,00	00 of		
											Form 99 0	(2019)

		(2019)	of Boye							Page 9
Part	VIII				respo	nse or note to anv	line in this Part VIII			🗆
		3/133K II 33/133			, , , ,		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	18	a Federated campa	aigns .		1 a			revenue		512 - 514
ants		b Membership dues	s	Į	1 b					
, Gr.	'	c Fundraising even	ts	Ĺ	1c					
Gifts, Grants Jilar Amounts	'	d Related organizat			1d					
ons, Gifts, Grants Similar Amounts	1	e Government grantsf All other contributio		Ļ	1e	19,244				
tion er S	1	and similar amounts above	s not includ	led	1f					
Contributions, and Other Sim	,	g Noncash contributio lines 1a - 1f:\$	ns included	d in	10					
Cont		h Total. Add lines 1	1a-1f .		1g	•				
						Business Code	19,244			
	2a	PREMIUM INCOME				524114	259,279,406	259,279,406		
пПе		REIMBURSEMENTS BY	Y LININSLIR	ED PLAN	ıs		16,252,396	16,252,396		
eve z						900099	6.656.600	5 555 500		
ice	C	COST CONTAINMENT	ALLOCATIO	ONS		900099	6,656,600	6,656,600		
Program Service Revenue	d	COB AND SUBROGAT	ION			900099	1,269,587	1,269,587		
ram	l e	NONMEMBER ADMIN	SERVICES			524114	1,249,716		1,249,716	
Prog		· -				524114				
_	f	All other program	service re	evenue.			78,374	59,198	19,176	
		Total. Add lines 2				284,786,079	_		ı	
	3 3	Investment income similar amounts)	(including			nterest, and other	2,581,78	1		2,581,781
	l	Income from invest					-			
	5	Royalties		(i) Rea		(ii) Personal	<u> </u>			
	_	_	_	(I) Rea		(II) I CISOIIAI	-			
		Gross rents Less: rental	6a				-			
	_	expenses	6b							
	C	Rental income or (loss)	6c							
	C	Net rental income					1			
		Grace amount	(i)	Securi	ties	(ii) Other	-			
	/ a	7a Gross amount from sales of assets other than inventory								
							_			
	b	Less: cost or other basis and sales expenses	7b	10,8	10,930					
	_	Gain or (loss)	7c		-1,398					
		I Net gain or (loss)			-			8		-1,398
ø	8a	Gross income from fu (not including \$	ındraising e	events of		•				
eun		contributions reported		:).						
Rev	١.	See Part IV, line 18			8a 8b					
Other Revenue	l	Less: direct expen Net income or (los				ents	_			
		Constant								
	Уa	Gross income from See Part IV, line 19			9a					
	l	Less: direct expen			9b]			
	۰	: Net income or (los	s) from g	aming a	activiti	es >	1			
	10	aGross sales of inve	entory, les	ss						
		Less: cost of goods			10a 10b		-			
		Net income or (los				ory >	_			
		Miscellaneo				Business Code	20.07			20.070
	11	- a UBIT REFUND				90009	9 30,879	7		30,879
	l E									
	٥									
	-	All other revenue				•				
		e Total. Add lines 1: 2 Total revenue. Se			•		30,879	9		
		. rotarrevenue, S	ee mstruc		•	• • • •	287,416,58	5 283,517,187	1,268,892	2,611,262 Form 990 (2019)

FOITH 990 (2)	<u>'</u>				Page 10
Part IX	Statement of Functional Expenses	omplete all columns	All other erganization	ne must complete celu	Imp (A)
	Section 501(c)(3) and 501(c)(4) organizations must c		_	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to arude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations and c governments. See Part IV, line 21		expenses	general expenses	expenses
2 Grants a	and other assistance to domestic individuals. See				
governr	and other assistance to foreign organizations, foreign nents, and foreign individuals. See Part IV, lines 15				
4 Benefits	paid to or for members				
•	sation of current officers, directors, trustees, and ployees	1,447,325	476,746	970,579	
defined	sation not included above, to disqualified persons (as under section 4958(f)(1)) and persons described in 4958(c)(3)(B)				
	alaries and wages	9,087,782	3,661,322	5,426,460	
8 Pension	plan accruals and contributions (include section 401 403(b) employer contributions)	404,084	161,972	242,112	
` '	mployee benefits	1,510,370	1,001,336	509,034	
	axes	728,019	286,544	441,475	
,	services (non-employees):	, 25,525		,	
	`				
	ment	44.274		44.274	
b Legal	 	44,371		44,371	
c Account	ing	165,171		165,171	
d Lobbyin	g				
e Professi	onal fundraising services. See Part IV, line 17				
f Investm	ent management fees	120,083		120,083	
	f line 11g amount exceeds 10% of line 25, column unt, list line 11g expenses on Schedule 0)	17,148,974	1,798,299	15,350,675	
12 Advertis	ing and promotion	498,464	7,142	491,322	
13 Office e	xpenses	723,403	243,053	480,350	_
14 Informa	tion technology	53,015		53,015	
15 Royaltie	s				
16 Occupar	ncy	595,200		595,200	
17 Travel		137,004	17,980	119,024	
	ts of travel or entertainment expenses for any state, or local public officials .				
19 Confere	nces, conventions, and meetings	37,628	2,366	35,262	
20 Interest					
21 Pavmen	ts to affiliates				
22 Depreci	ation, depletion, and amortization	79,921	79,921		
•	ce	83,599	·	83,599	
24 Other exmiscella exceeds	kpenses. Itemize expenses not covered above (List neous expenses in line 24e. If line 24e amount 10% of line 25, column (A) amount, list line 24e as on Schedule O.)	·		·	
a HOSPI	TAL AND MEDICAL	229,800,947	229,800,947		
b CLAIM	S ADJUSTMENT EXPEN	8,071,195	8,071,195		
c PREMI	UM TAXES	3,451,170		3,451,170	
d STATE	AND FEDERAL ASSES	109,464		109,464	
e All oth	er expenses	1,386,637	961,998	424,639	
25 Total fu	unctional expenses. Add lines 1 through 24e	275,683,826	246,570,821	29,113,005	0
reported education	osts. Complete this line only if the organization in column (B) joint costs from a combined onal campaign and fundraising solicitation. ere if following SOP 98-2 (ASC 958-720).				
спеск h	ere 🚩 🗀 ii ioliowing SUP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2

3

Assets

Liabilities

28

31

32

33

ō 29

Assets 30 16,983,567

679

72,415,970

5,360,417

94,760,633

5,597,589

4.321.497

33,669,018

43.588.104

100

61,105,153

-9.932.724

51,172,529

94,760,633

Form 990 (2019)

(B)

End of year

1

2

3

4

5

6 7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22 23

24

25

26

28

30

31

32

33

100 29

59.079.053

-19.328.084

39,751,069

77,746,308

2,307

54,273,037

6,168,568

77,746,308

4,597,300

4.645.353

28,752,586

37.995.239

Beginning of year

226,918

17,302,396

Page **11**

Cash-non-intere	_
	Cash_non-intere

st-bearing Savings and temporary cash investments .

Pledges and grants receivable, net . . . Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

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

key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under 227,597

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Inventories for sale or use . Prepaid expenses and deferred charges . 10a basis. Complete Part VI of Schedule D

10b b Less: accumulated depreciation Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

10a Land, buildings, and equipment: cost or other 11 12 13 Investments—program-related. See Part IV, line 11

14 Intangible assets . 15 Other assets. See Part IV, line 11 . . .

16

Accounts payable and accrued expenses .

Total assets. Add lines 1 through 15 (must equal line 34) . Grants payable . Deferred revenue . . .

Tax-exempt bond liabilities . Escrow or custodial account liability. Complete Part IV of Schedule D

17 18 19 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).

24 Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

25 26 Fund Balances

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions

Organizations that follow FASB ASC 958, check here <a> <a> and

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

27

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 46-0451539

Name: AVERA HEALTH PLANS INC.

Form 990 (2019)

Form 990, Part III, Line 4a:

AS AN ESSENTIAL COMPONENT OF THE AVERA HEALTH INTEGRATED DELIVERY SYSTEM, AVERA HEALTH PLANS (AHP) PROVIDES LOW-COST, HIGH QUALITY HEALTH PLAN COVERAGE AND CONDUCTS OTHER ACTIVITIES THAT INCREASE THE HEALTH OF THE COMMUNITY IN ITS SERVICE AREA. AHP CONDUCTS SUBSTANTIALLY ALL OF ITS ACTIVITIES WITHIN THE SERVICE AREA OF AVERA HEALTH, BUT DOES CONDUCT A SMALL PORTION BEYOND THE AVERA HEALTH SERVICE AREA TO FULFILL ITS MISSION OF MAKING A POSITIVE IMPACT IN THE COMMUNITIES IT SERVES BY ENSURING ADEQUATE RURAL HEALTH CARE IS AVAILABLE. AHP PROVIDES HEALTH INSURANCE COVERAGE TO AN UNDERSERVED POPULATION INCLUDING ELDERLY AND LOW INCOME, HIGH RISK AND MEDICALLY UNDERSERVED PERSONS. OF THE 85,000 TOTAL MEMBERS SERVED IN 2019, 10,700 OF THESE MEMBERS WERE MEDICARE SUPPLEMENT MEMBERS AND APPROXIMATELY 34% CONSISTS OF INDIVIDUALS OR EMPLOYEES OF SMALL GROUPS. APPROXIMATELY 18,200 MEMBERS ARE INDIVIDUALS AND MORE THAN 93% OF THE HEALTH CARE EXCHANGE ENROLLEES IN THE INDIVIDUAL CATEGORY WERE ELIGIBLE TO RECEIVE AN ADVANCE PREMIUM TAX CREDIT, WHICH MEANS THEY WERE BELOW 400% OF THE FEDERAL POVERTY LITAL AVERA HEALTH PLANS IS FURTHER DISTINGUISHED FROM THE FOR-PROFIT PLANS BY ITS PARTICIPATION IN THE FEDERAL HEALTH INSURANCE EXCHANGE/MARKETPLACE. AHP HAS AFFORDABLE, COMMUNITY-RATED PREMIUMS WHICH ARE BELOW MARKET, AND THEY DO NOT COVER AHP'S COSTS. NET MEDICAL AND PHARMACY CLAIMS EXPENSE RESULTED IN A MEDICAL INCOME RATIO (MIR) OF AN AVERAGE OF 88.6% FOR 2019. SIGNIFICANT FINANCIAL SUPPORT BY AVERA HEALTH (501(C)(3)) ALLOWS AHP TO REMAIN FINANCIALLY VIABLE. IN ADDITION TO PROVIDING LOW-COST INSURANCE COVERAGE, AHP CONDUCTS FREE MEDICAL SCREENINGS AT THE LOCATION OF ITS EMPLOYER GROUPS FOR THE BENEFIT OF ALL EMPLOYEES. AHP ALSO SPONSORS HEALTH EDUCATION OPEN FORUMS, OPEN HOUSES, AND WEBINARS THAT ARE OPEN TO THE PUBLIC.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316034650

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

	me of the organization RA HEALTH PLANS INC		Employer identification number
AVE	RA HEALTH PLANS INC		46-0451539
Pā	organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Bollot advised fallas	(b) runus and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisor	ore in writing that the assets hold in donor ad	vised funds are the
,	organization's property, subject to the organization's ex		
•	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose of	
Рa	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
-	Purpose(s) of conservation easements held by the orga	nization (check all that apply).	
	\square Preservation of land for public use (e.g., recreation	n or education) \square Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the form	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by t	he organization during the
Ļ	Number of states where property subject to conservation	on easement is located 🕨	
;	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	the periodic monitoring, inspection, handling o	
			∐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \begin{align*} \	, handling of violations, and enforcing conserv	ation easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		
)	In Part XIII, describe how the organization reports con-	servation easements in its revenue and expen	
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	nts.	
aı	t III Organizations Maintaining Collections Complete if the organization answered "Ye		er Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pub following amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS	ical treasures, or other similar assets for finan	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶ \$
b	Assets included in Form 990, Part X		·

Cat. No. 52283D

Schedule D (Form 990) 2019

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

Par	3111	Organizations Maintaining Co	llections of Art, H	listori	cal T	reası	ires, or	· Other	Similar A	ssets (con	tinued)
3		g the organization's acquisition, accessio s (check all that apply):	n, and other records,	check	any of	the fo	llowing t	hat are a	significant (use of its co	llection
а		Public exhibition		d		Loan	or excha	ange prog	ırams		
b		Scholarly research		е		Othe	r				
С		Preservation for future generations									
4	Provi Part :	de a description of the organization's co XIII.	llections and explain h	how the	ey furtl	her the	e organiz	ation's ex	kempt purpo	se in	
5		ng the year, did the organization solicit on ts to be sold to raise funds rather than to								☐ Yes	□ No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990	, Part	IV, li	ine 9, or	r reporte	ed an amou	unt on Fori	m 990, Part
1a	Is the	e organization an agent, trustee, custod ded on Form 990, Part X?	an or other intermedi	iary for	contri	bution 	s or othe	er assets	not	Yes	□ No
b	If "Ye	es," explain the arrangement in Part XII:	I and complete the fo	llowing	table:		[Δ	mount	
c		nning balance	·	_			ŀ	1c			
d	_	tions during the year					ľ	1d			
e		ibutions during the year					1	1e			
f		ng balance						1f			
2a		he organization include an amount on Fo							-		∐ No
b		es," explain the arrangement in Part XIII	Check here if the ex	kplanati	ion has	been	provide	d in Part)	XIII	Ш	
Pa	rt V	Endowment Funds.	wared "Ves" on For	000	Dout	T\ / :	no 10				
		Complete if the organization answ	(a) Current year		rior yea			ears back	(d) Three ve	ars back (e)	Four years back
1 a	Beginn	ning of year balance	(,,	(-)	, , , , , ,		(-)		(,	(-,	
	-	butions									
		vestment earnings, gains, and losses									
		s or scholarships									
e	Other	expenditures for facilities									
		istrative expenses									
		year balance									
2	Provi	de the estimated percentage of the curr	ent year end balance	(line 1	g, colu	mn (a)) held a	s:		-	
а											
b	Perm	anent endowment ►									
С	Temp	porarily restricted endowment									
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3а	orgar	here endowment funds not in the posses	ssion of the organizat	ion that	t are h	eld an	d admini	istered fo	r the	- C	Yes No
	• •	nrelated organizations			•					3a(i) 3a(ii	
b	. ,	elated organizations es" on 3a(ii), are the related organization								3b	'
4	Desci	ribe in Part XIII the intended uses of the	organization's endov	vment f	funds.						
Par	t VI	Land, Buildings, and Equipme	nt.								
		Complete if the organization answ			•						
	Descr	iption of property (a) Cost or ot (investme		or other	basis (other)	(c) Acc	umulated o	lepreciation	(d)	3ook value
1a	Land										
b	Buildin	ngs									
С	Leaseh	nold improvements									
		ment			22	27,597			226,918		679
		lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colu	mn (B), line	10(c).)		>		679

Part VII		Dort IV li	ino 111	Soo Form 000 [Part V line 12
	Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	(b) Book value	lile III	(c) Metho	d of valuation: -year market value
(1) Financia	l derivatives				
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	,			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV li	ine 110	See Form 990	Part X line 13
	(a) Description of investment	arc IV, II	ille III	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P.	art IV, lir	ne 11d	. See Form 990, Par	t X, line 15.
(4) DD E 1471 III	(a) Description	•			(b) Book value
	AS DUE AND UNPAID D INTEREST RECEIVABLE				701,045 275,742
<u> </u>	RANCE RECOVERABLE ON PAID LOSSES				369,115
	BLES FROM PARENT, SUBSIDIARIES, AND AFFILIATES BLES RELATING TO UNINSURED PLANS				1,524,340 2,999
(6)OTHER (7)	DEES REEATING TO GRINGSRED FEATIS				2,487,176
(8)					
(9)					
				•	5,360,417
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Polyage 1.	art IV, lir	ne 11e	or 11f.See Form	
1.	(a) Description of liability				(b) Book value
(1) Federal (5)	income taxes				
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)			<u> </u>	33,669,018
,	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check l		_		· —

Part XI

2

а

b

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

263,117,919

263,117,919

d Other (Describe in Part XIII.) 2d е 3

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

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

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

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

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

Supplemental Information

Add lines **4a** and **4b**

Total expenses and losses per audited financial statements

Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines **4a** and **4b**

Donated services and use of facilities . .

Prior year adjustments

Other losses

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . . .

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur

2e 3

4a 120,083 4b 24,178,583

2a

2b

2c

2a 2b

2c

2d

4a

4b

Explanation

4c 5

24,298	3,666
287,416	5,585
n.	
251,38!	5,160

1 2e 3 4c 5

120,083

24,178,583

251,385,160 251,385,160 24,298,666 275.683.826 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

Schedule D (Form 990) 2019

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

FIN: 46-0451539

OME TAX BENEFIT/(EXPENSE) OF \$30,879 AND \$0 AS OF DECEMBER 31, 2019 AND 2018.

Name: AVERA HEALTH PLANS INC.

Supplemental Information

Evolanation
Explanation

Return Reference PART X, LINE 2: THE PLAN BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE TAX POSITIONS TAKEN AFFECTING IT S ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE COMPANY WOULD RECOGNIZE FUTURE ACCRUED INTER EST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPEN SE IF SUCH INTEREST AND PENALTIES ARE INCURRED. FOR STATE INCOME TAX PURPOSES, THE COMPANY IS TAXED AS AN INSURANCE COMPANY. THE PLAN RECORDED PROVISIONS FOR UNRELATED BUSINESS INC.

Supplemental Information									
Return Reference	Explanation								
PART XI, LINE 4B - OTHER ADJUSTMENTS:	THIRD PARTY ADMINISTRATOR REVENUE OFFSET IN EXPENSE FOR AUDIT 16,252,396. COB AND SUBROGAT ION IN EXPENSE FOR AUDIT 1,269,587. COST CONTAINMENT ALLOCATIONS IN EXPENSE FOR AUDIT 6,65 6,600.								

_ _ _

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	THIRD PARTY ADMINISTRATOR REVENUE OFFSET IN EXPENSE FOR AUDIT 16,252,396. COB AND SUBROGAT ION IN EXPENSE FOR AUDIT 1,269,587. COST CONTAINMENT ALLOCATIONS IN EXPENSE FOR AUDIT 6,65 6,600.

_ _ _

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49331	6034	650
Sch	nedule J	C	ompensat	ion Information	01	ИВ No.	1545-0	0047
(Fori	m 990)	For certain Office ▶ Complete if the org		2019				
-	tment of the Treasury	► Go to <u>www.irs.go</u>		n to Form 990. · instructions and the latest inforr	nation.	Open i		
	al Revenue Service ne of the organiz	l ation			Employer identifica		ectio Imber	
AVE	RA HEALTH PLANS I	NC			46-0451539			
Pa	rt I Questi	ons Regarding Compensa	ntion		40 0431333			
							Yes	No
1 a				f the following to or for a person liste ny relevant information regarding the:				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up payment	ts 📙	Health or social club dues or initiation				
	LI Discretion	nary spending account		Personal services (e.g., maid, chauf	Teur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 152	2		
	directors, truste	es, officers, including the CLO/	Executive Directo	r, regarding the items checked on th	ie ia:			
3				ed to establish the compensation of the not check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				1
		of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	ntrol payment? .			4a		No
b		• •		lified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	III.			
	Only E01(a)(2), 501(c)(4), and 501(c)(29) organizations	must complete lines F-0				
5				the organization pay or accrue any				
		ontingent on the revenues of:		. ,				
а	The organization	1?				5a		No
b						5b		No
	•	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	1?				6a		No
b	, -					6b		No
_	· ·	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes	
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No
9				presumption procedure described in		9		1.5
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	50053T Schedule 3	(Form	990)	2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

Schedule J (Form 990) 2019	Page 3							
Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference Explanation								
	THE PRESIDENT'S COMPENSATION IS PAID BY A RELATED ORGANIZATION, AVERA HEALTH. AVERA HEALTH PLANS, INC. RELIED ON THE RELATED ORGANIZATION FOR DETERMINING THE COMPENSATION FOR THE PRESIDENT USING THE METHODS DESCRIBED IN PART I, LINE 3.							
PART I, LINE 7	A FORMULA IS USED TO DETERMINE BONUSES PAID FOR NEW SALES AND RETENTION.							
	Schedule J (Form 990) 2019							

Software ID:

Software Version:

EIN: 46-0451539

Name: AVERA HEALTH PLANS INC Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (A) Name and Title (C) Retirement and (D) Nontaxable (F) Compensation in column (B) other deferred benefits (B)(i)-(D) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation 1BOB SUTTON DIRECTOR - BEG 08/2019 (ii) 1,704,844 54,42: 14,000 34,495 1,807,760 1JIM BRECKENRIDGE (i) SECRETARY/TREASURER 945,274 1,760 71,132 14,000 21,990 1,054,156 2RICH KORMAN (i) VICE PRESIDENT 670,689 19,963 14,000 34,49 739,145 **3**ROBIN BATES PRESIDENT (ii) 623,879 36,851 14,000 25,016 699,746 4DOUG EKEREN DIRECTOR (ii) 536,159 650 17,231 14,000 24,316 592,356 5JORDAN ANDERSON 186,473 180,832 14,000 11,988 32,827 426,120 VICE PRESIDENT OF SALES **6**DR PRESTON RENSHAW (i) 357,389 6,501 14,000 31,615 409,505 CMO (ii) **7**DEBRA MULLER 325,037 400 12,039 9,339 12,821 359,636 CEO **8**CHRISTOPHER JESSEN 209,620 1,304 11,004 34,014 255,942 9CHRISTINE LOUNSBERY (i) 161,855 602 8,558 24,732 195,747 DIRECTOR OF MEDICAL MGMT (ii) 10SHELLIE REITZEL 103,711 50,162 1,291 7,816 3,498 166,478 DIRECTOR OF SALES (ii) 11TANNA GRIES 149,610 270 2,020 7,629 2,959 162,488 DIRECTOR OF FINANCIAL RPTG (ii) 12RUSSELL MENDEL (i) 29,414 172,717 7,467 22,377 11,625 101,834 SALES ASSOCIATE 13TRIXY BURGESS (i) 104,786 30,542 1,429 7,041 14,847 158,645 DIRECTOR OF SERVICE INTEGRATION, SAL

efile GRAPHIC	C print - C	00 NC	T PROCES	S As	Filed Data -					DL	.N: 93	4933	160	34650
Schedule L	E7)				ons with li							MB No.		
(Form 990 or 990	-EZ) ► Co	omplet			answered "Yes 28c, or Form 99				25a, 2	25b, 26	5,	20	1	9
				► Att	ach to Form 99 orm990 for inst	0 or Form 99	0-EZ.							_
Department of the Trea Internal Revenue Servi			so to <u>www.n</u>	rs.gov/r	<u>07111990</u> 107 INSL	ructions and	the latest in	iorma	ition.		'	Open (Insp		
Name of the orga								Er	mplo	yer ide	entifica	ation n	umb	er
AVERA HEALTH FEA	INS INC							46	5-045	1539				
			•		1(c)(3), section		•		-					
	Name of d				n Form 990, Part					escript		_) Cor	rected?
	,					organization				ansacti			es	No
								-						
					managers or dis			year ı	under	_	ո \$			
3 Enter the ar	mount of tax	c, if an	y, on line 2, a	bove, rei	mbursed by the c	rganization		•		_	\$			
Part II Loa	ans to and	l/or I	From Inter	ested P	ersons									
Con	nplete if the	organ	ization answe	red "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	aniza	ition
(a) Name of			n Form 990,		e 5, 6, or 22 n to or from the	(e) Original	(f) Balance	(a)) In	(h)	(i) Wri	tten
interested person					ganization?	principal	due		ult?	Appro	ved by	by agreement?		
						amount				1	rd or nittee?			
				То	From			Yes	No	Yes	No	Yes		No
						<u> </u>								
Total Part IIII Gra	nte or Ass	sietar	ce Benefit	ina Inte	erested Perso	▶ \$ ne								
				_	Yes" on Form 9		, line 27.							
(a) Name of inter	ested perso) Relationship			of assistance	(d) Type	of assi	istand	:e	(e) Pu	rpose o	f ass	istance
		int	erested perso organizat		2									
										_				
							+							
										-+				
For Paperwork Red	uction Act N	otice, s	ee the Instru	ctions for	Form 990 or 990-I	Z. C	at. No. 50056A		Sc	hedule l	L (Form	990 or	990-	EZ) 2019

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) INTERSTATE OFFICE PRODUCTS	ENTITY OWNED MORE THAN 35% BY BOARD MEMBER GARY GASPAR	536,093	OFFICE PRODUCTS		No	
(2) MONTGOMERY FURNITURE	ENTITY OWNED MORE THAN 35% BY BOARD MEMBER CLARK SINCLAIR	237,615	HEALTH INSURANCE		No	
(3) INTERSTATE OFFICE PRODUCTS	ENTITY OWNED MORE THAN 35% BY BOARD MEMBER GARY GASPAR	162,014	HEALTH INSURANCE		No	

Schedule I (Form 990 or 990-F7) 2019

Explanation

Supplemental Information

Part V

Return Reference

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

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		D	LN: 93493316034650		
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 c	plemental Information to Form 990 or 990-EZ blete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2019 Open to Public Inspection		
Namel Betherofg AVERA HEALTH PL 990 Schedul	ANS INC	lemental Informatio	n		Employer id 46-0451539	lentification number		
Return Reference				Explanation				
FORM 990, PART VI, SECTION A, LINE 4	THE MININ	MUM NUMBER OF BOAF	RD MEMBERS CHAN	GED FROM THREE TO FIVE.				

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE SOLE SHAREHOLDER OF THE ORGANIZATION IS AVERA HEALTH, A NONPROFIT CORPORATION ORGANIZE
PART VI,	D AND EXISTING UNDER THE LAWS OF THE STATE OF SOUTH DAKOTA AND EXEMPT UNDER 501(C)(3) OF T
SECTION A,	HE INTERNAL REVENUE CODE OF 1986, AS AMENDED.
LINE 6	

Return Explanation
Reference

FORM 990, AVERA HEALTH AS THE SOLE SHAREHOLDER HAS THE RIGHT TO APPOINT AND REMOVE MEMBERS OF THE BOARD.

SECTION A,

LINE 7A

Return Explanation
Reference

LINE 7B

FORM 990, AVERA HEALTH AS THE SOLE SHAREHOLDER HAS THE POWER AT ALL TIMES TO CONDUCT BUSINESS WITH PART VI, RESPECT TO THE CORPORATION.

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 8B

Return Explanation
Reference

LINE 11B

FORM 990, PART VI, SECTION B.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY COVERS BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES. ANY DECL ARATIONS OF CONFLICT OF INTEREST ARE RECORDED IN THE MEETING MINUTES. THE BOARD MAKES A DE TERMINATION 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 D A REPORT IS PROVIDED TO THE BOARD.

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 15B	THE PRESIDENT IS COMPENSATED BY AVERA HEALTH. ANNUALLY THE COMPENSATION COMMITTEE OF AVERA HEALTH, WHICH IS COMPRISED OF SIX (6) SYSTEM MEMBERS APPOINTED BY THE RELIGIOUS ORDERS, M EETS WITH AN INDEPENDENT CONSULTANT REGARDING FAIR MARKET VALUE FOR COMPENSATION OF OFFICE RS AND KEY EMPLOYEES. THE COMPENSATION COMMITTEE APPROVES ALL SALARIES BASED ON COMPARABLE DATA AND DOCUMENTS THE BASIS FOR THEIR DECISION IN MEETING MINUTES. THE CEO, CFO AND CMO ARE COMPENSATED BY AVERA HEALTH PLANS. COMPENSATION IS DETERMINED BY AVERA HEALTH PLANS HU MAN RESOURCES BASED ON A MARKET ANALYSIS. THE COMPENSATION COMMITTEE APPROVES THE COMPENSA TION OF THE CEO, CFO AND CMO.

Explanation

Return Explanation
Reference

FORM 990,	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE MADE AVAILABLE THROUGH THE SECRETARY OF S
PART VI,	TATE'S WEBSITE. (HTTPS://SOS.SD.GOV) STATUTORY FINANCIAL STATEMENTS ARE MADE AVAILABLE TO
SECTION C,	THE PUBLIC UPON REQUEST BY CONTACTING THE SOUTH DAKOTA DIVISION OF INSURANCE. THE CONFLICT
LINE 19	OF INTEREST POLICY IS MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Explanation

Reference	
PART VI	THE PURPOSE OF ANY COMPANY THAT AVERA HEALTH PLANS INVESTS IN IS REVIEWED TO ENSURE THAT IT WILL
LINE 16B	FURTHER THE MISSION OF OUR ORGANIZATION.

Return Explanation Reference

FORM 990. CHANGE IN NONADMITTED ASSETS -3,221,075. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316034650 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AVERA HEALTH PLANS INC 46-0451539 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) 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. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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.

See Additional Data Table													_		
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	Predor g income(unreli exclude tax u	(e) Predominant income(related, unrelated, excluded from tax under sections 512-		(g) Share of e end-of-year assets	(† Disprop alloca	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir partner		(k Percer owner	ntage
									Yes	No		Yes	No		
Part IV Identification of Related Organizat because it had one or more related org							zation ans	swered "Yes	s" on F	orm 9	90, Part IV	, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign untry)		(d) rect controllir entity	(C cc	(e) e of entity orp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Perce	ntage ership	(1	(i) ection 5 .3) cont entite	trolled
(1)ACCOUNTS MANAGEMENT INC	COLLECTION AGENCY		SD	N/	4	С								100	No
5132 S CLIFF AVE SUITE 101 SIOUX FALLS, SD 57108 46-0373021															
(2)AVERA PROPERTY INSURANCE INC	INSURANCE	:	SD	N/	4	С									No
1000 WEST 4TH ST SUITE 1 YANKTON, SD 57078 46-0463155															
(3)VALLEY HEALTH SERVICES	MEDICAL EQUIPMENT	:	SD	N/	4	С									No
501 SUMMIT STREET YANKTON, SD 57078 46-0357149															
(4)ALUCENT MEDICAL INC 1325 S CLIFF AVENUE PO BOX 5045 SIOUX FALLS, SD 571175045 47-1818349	BIOTECH RESEARCH		SD	N/	4	С									No
(5)SOUTH DAKOTA STATE MEDICAL HOLDING COMPANYINC	INSURANCE		SD	N/	4	С									No
5300 SOUTH BROADBAND LANE SIOUX FALLS, SD 57108 46-0401087															
(6)DAKOTACARE ADMINISTRATIVE SERVICESINC 2600 W 49TH STREET SIOUX FALLS, SD 57105	INSURANCE		SD	N/	Α	С									No
46-0424322													+	-+	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1 f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	

_	onaling of pala onipie/cos with related organization(o).						
р	Reimbursement paid to related organization(s) for expenses				1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses				1 q	Yes	
					Ш		
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tran	saction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining a	nount in	volved	
		type (a-s)					
			1				

Page **3**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section		section total		(f) Share of total income	(g) Share of end-of-year assets	(g) Nare of Office of the control of		(h) Disproprtionate allocations? Ode V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No									
										Schedul	e R (Form	199	0) 2019								

Schedule R (Form 990) 2019										
Part VII	Supplemental Info	l Information								
	Provide additional information for responses to questions on Schedule R. (see instructions).									
Return Reference		Explanation								

Software ID: **Software Version:**

EIN: 46-0451539

Name: AVERA HEALTH PLANS INC

Form 990, Schedule R, Part II - Identification of Related 1	Tax-Exempt Organizati	ons					
(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 (b)(1 contro entit	n 512 13) olled ty?
	PROMOTION OF HEALTH	SD	501(C)(3)	LINE 10	N/A	Yes	No No
3900 W AVERA DRIVE SUITE 300 SIOUX FALLS, SD 57108 46-0422673							
	HEALTHCARE SERVICES	NE	501(C)(3)	LINE 3	AVERA HEALTH		No
300 N 2ND STREET ONEILL, NE 68763 47-0463911	HEALTHOUSE		E04/02/22	LYNES	AVED 2 1171		
	HEALTHCARE SERVICES	IA	501(C)(3)	LINE 3	AVERA HEALTH		No
826 NORTH 8TH STREET ESTHERVILLE, IA 51334 42-0680370	CUPPORT ST		F04/5)/5	LINE 12	AVED A VIEW -		
826 NORTH 8TH STREET ESTHERVILLE, IA 51334 42-1317452	SUPPORT OF HOLY FAMILY HOSPITAL AND HOME HEALTH AGENCY	IA	501(C)(3)	LINE 10	AVERA HOLY FAMILY		No
401 WEST GLYNN DRIVE PARKSTON, SD 57366	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 12A, I	AVERA HEALTH		No
46-0226738	SUPPORT HEALTH	SD	501(C)(3)	LINE 10	ST BENEDICT HEALTH		No
WEST GLYNN DRIVE PO BOX B PARKSTON, SD 57366 46-0458725	RELATED SERVICES	30	JOE (C)(J)	LIVE IV	CENTER		IVU
1325 S CLIFF AVE PO BOX 5045	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
SIOUX FALLS, SD 57117 46-0224743							
525 NORTH FOSTER MITCHELL, SD 57301 46-0224604	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH	_	No
1.0 0227007	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
501 SUMMIT STREET YANKTON, SD 57078 46-0225483							
	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA ST MARY'S		No
606 EAST GARFIELD GETTYSBURG, SD 57442 46-0234354							
5116 S SOLBERG AVE	HOME SERVICES	SD	501(C)(3)	LINE 10	AVERA HEALTH		No
SIOUX FALLS, SD 57108 46-0399291							
1000 W 4TH STREET SUITE 9 YANKTON, SD 57078 46-0337013	HEALTHCARE EDUCATION	SD	501(C)(3)	LINE 10	SACRED HEART HEALTH SERVICES		No
46-0337013	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
305 SOUTH STATE STREET ABERDEEN, SD 57401 46-0224598							
	HEALTHCARE SERVICES	SD	501(C)(3)	LINE 3	AVERA HEALTH		No
801 EAST SIOUX AVENUE PIERRE, SD 57501 46-0230199							
	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	AVERA HEALTH	1	No
300 S BRUCE STREET MARSHALL, MN 56258 41-0919153							
240 WILLOW STREET TYLER, MN 56178	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	AVERA MARSHALL		No
41-0853163	HEALTHOARE CTT		E01(C)(3)	LINES	AVERA MARCHITA		
345 10TH AVE GRANITE FALLS, MN 56241 84-3156881	HEALTHCARE SERVICES	MN	501(C)(3)	LINE 3	AVERA MARSHALL		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) (h) General (d) (f) Legal (g) Disproprtionate Predominant (b) (i) Direct Share of total | Share of end-Domicile allocations? Name, address, and EIN of Code V-UBI amount in Primary activity income(related, Managing (State Controlling income of-year assets Box 20 of Schedule K-1 related organization unrelated, Partner? Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No AVERA HOME MEDICAL MEDICAL SERVICES -SD N/A **EQUIPMENT OF FLOYD VALLEY** HOME MEDICAL HOSPITAL LLC **EQUIPMENT** 714 LINCOLN ST NE **LEMARS, IA 51031** 82-0582350

AVERA HOME MEDICAL

SIOUX CENTER, IA 51250

Q&M PROPERTIES LLC

SURGICAL ASSOCIATES

ENDOSCOPY CLINIC LLC

ABERDEEN, SD 57401 46-0461429

AVERA HOME MEDICAL

EQUIPMENT OF SPENCER

2400 S MINNESOTA AVE SIOUX FALLS, SD 57117

4500 W 69TH STREET SIOUX FALLS, SD 57108

HEART HOSPITAL OF SOUTH

BROOKINGS HEALTH SYSTEM -

NATIONAL RURAL ACO 4 LLC DBA ACCOUNTABLE CARE

NATIONAL RURAL ACO 5 LLC DBA ACCOUNTABLE CARE

101 22ND AVE SUITE 101 BROOKINGS, SD 57006

7509 NW TIFFANY SPRINGS

KANSAS CITY, MO 64153

7509 NW TIFFANY SPRINGS

KANSAS CITY, MO 64153

PRAIRIE HILLS CARE ORGANIZATION

GREAT PLAINS CARE

ORGANIZATION

525 NORTH FOSTER MITCHELL, SD 57301 73-1652049

38 19TH ST SW

75-3203100

310 S PENN

HOSPITAL LLC

80-0619999

DAKOTA LLC

56-2143771

45-3204123

PARKWAY

PARKWAY

38-3958290

37-1780735

AVERA HME LLC

EQUIPMENT OF SIOUX CENTER

MEDICAL SERVICES -

HOME MEDICAL EQUIPMENT

MEDICAL CLINIC

SURGICAL ASSOCIATES

MEDICAL SERVICES -

HEALTHCARE SERVICES

HEALTHCARE SERVICES

ORGANIZATION

ORGANIZATION

HOME MEDICAL

EQUIPMENT

BUILDING

SD

SD

SD

SD

SD

SD

KS

KS

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

(k)

Percentage

ownership