

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 06/01/15, and ending 05/31/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">DOUGLAS COUNTY MEMORIAL HOSPITAL</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">708 8TH STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">ARMOUR SD 57313-2102</p>	D Employer identification number <p style="text-align: center;">46-XXXXXXX</p> E Telephone number <p style="text-align: center;">605-724-2159</p> G Gross receipts \$ 9,362,588
F Name and address of principal officer: <p style="text-align: center;">HEATH BROUWER</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.DCMHSD.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation:	M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">PROMOTION OF GENERAL HEALTH CARE AND REHABILITATION SERVICES</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	123
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	36,376	70,738
	9 Program service revenue (Part VIII, line 2g)	9,206,178	9,150,551
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	267,857	27,321
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	157,224	113,978
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,667,635	9,362,588
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		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)	4,809,120	4,775,383
	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)	4,286,131	4,189,258
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,095,251	8,964,641
	19 Revenue less expenses. Subtract line 18 from line 12	572,384	397,947
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	10,972,151	11,409,270
	21 Total liabilities (Part X, line 26)	4,028,617	4,067,789
	22 Net assets or fund balances. Subtract line 21 from line 20	6,943,534	7,341,481

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">HEATH BROUWER</p> Type or print name and title	Date <p style="text-align: center;">ADMINISTRATOR/CEO</p>
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Paid Preparer Use Only	Print/Type preparer's name JAY TOLSMA, CPA	Preparer's signature Date 04/13/17	Check <input type="checkbox"/> if self-employed	PTIN 46-XXXXXXX
	Firm's name ▶ ELO PROF LLC PO BOX 249 Firm's address ▶ MITCHELL, SD 57301	Firm's EIN ▶ 46-XXXXXXX Phone no. 605-996-7717		

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

For Paperwork Reduction Act Notice, see the separate instructions.