

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning **06/01/22**, and ending **05/31/23**

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 DOUGLAS COUNTY MEMORIAL HOSPITAL		D Employer identification number **-***0557
	Doing business as		E Telephone number 605-724-2159
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 708 8TH STREET		G Gross receipts \$ 12,755,899
	City or town, state or province, country, and ZIP or foreign postal code ARMOUR SD 57313-2102		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
F Name and address of principal officer: HEATH BROUWER			H(c) Group exemption number
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			
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: PROMOTION OF GENERAL HEALTH CARE AND REHABILITATION SERVICES		
	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 2022 (Part V, line 2a)	5	113
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 230,431	Current Year 761,499
	9 Program service revenue (Part VIII, line 2g)	11,250,421	11,998,017
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-61,098	14,471
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-95,563	-18,088
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,324,191	12,755,899
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)	5,929,854	6,208,957
	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)	4,857,787	5,864,797
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,787,641	12,073,754	
19 Revenue less expenses. Subtract line 18 from line 12	536,550	682,145	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,734,156	End of Year 18,468,603
	21 Total liabilities (Part X, line 26)	4,286,753	4,339,055
	22 Net assets or fund balances. Subtract line 21 from line 20	13,447,403	14,129,548

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 JOSHUA CHRISTENSEN CFO		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name LUCAS H. HAUERT, CPA	Preparer's signature LUCAS H. HAUERT, CPA	Date 04/27/24	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ELO PROF LLC	Firm's EIN	Phone no. 605-665-6007	
	Firm's address 118 W 3RD ST YANKTON, SD 57078-4321			

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

For Paperwork Reduction Act Notice, see the separate instructions.