

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

A For the 2019 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PHILIP HEALTH SERVICES, INC.

Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
503 WEST PINE STREET

City or town, state or province, country, and ZIP or foreign postal code
PHILIP SD 57567

D Employer identification number
46-0361016

E Telephone number
605-859-2511

F Name and address of principal officer:
JEREMY SCHULTES

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

G Gross receipts \$ **13,789,804**

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.PHILIPHEALTHSERVICES.COM** H(c) Group exemption number ◆ _____

K Form of organization: Corporation Trust Association Other ◆ _____

L Year of formation: **1953** **M** State of legal domicile: **SD**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTH CARE TO PHILIP, SD & SURROUNDING AREAS		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	198
	6 Total number of volunteers (estimate if necessary)	6	19
	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 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,413,749	1,105,406
	9 Program service revenue (Part VIII, line 2g)	12,953,070	12,668,608
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,688	15,790
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,379,507	13,789,804
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)	8,125,044	8,251,760
	16a Professional fundraising fees (Part IX, column (A), line 11e)		110,400
	b Total fundraising expenses (Part IX, column (D), line 25) ◆ 110,400		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,727,171	4,473,489
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,852,215	12,835,649
19 Revenue less expenses. Subtract line 18 from line 12	1,527,292	954,155	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	9,981,593	9,779,102
	21 Total liabilities (Part X, line 26)	4,144,910	2,983,584
	22 Net assets or fund balances. Subtract line 21 from line 20	5,836,683	6,795,518

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 JEREMY SCHULTES	Date			
	Type or print name and title CHIEF EXECUTIVE OFFI				
Paid Preparer Use Only	Print/Type preparer's name KATHLEEN DOYLE	Preparer's signature KATHLEEN DOYLE	Date 11/04/20	Check <input type="checkbox"/> if self-employed	PTIN P01322431
	Firm's name Wohlenberg Ritzman & Co., LLC	Firm's EIN 46-0393458	Firm's address P.O. Box 1018 Yankton, SD 57078	Phone no. 605-665-4401	

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