

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

OMB No. 1545-0047

2022
Open to Public
Inspection

A For the 2022 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)

503 WEST PINE STREET

Room/suite

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****G** Gross receipts \$ **18,671,227****F** Name and address of principal officer:**MAUREEN CADWELL****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

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	7			
	4	7			
	5	190			
	6	20			
	7a	0			
Revenue	b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
	8	Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		1,964,988	540,512
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,804,465	17,506,150
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,567	-35,095
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,795,020	18,455,440
	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)		8,985,444	10,080,127
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25)		12,205	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,917,430	7,168,628
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,902,874	17,248,755
	19	Revenue less expenses. Subtract line 18 from line 12		2,892,146	1,206,685
	20	Total assets (Part X, line 16)		Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)		22,337,668	25,286,939	
22	Net assets or fund balances. Subtract line 21 from line 20		7,188,058	8,936,541	
			15,149,610	16,350,398	

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

Date

MAUREEN CADWELL**CHIEF EXECUTIVE OFFI**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KATHLEEN DOYLE**KATHLEEN DOYLE****11/02/23****P01322431**

Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2022)