



P O Box 6000  
Rapid City, SD 57709

The Monument Health Rapid City Hospital and Monument Health Network returns are hundreds of pages in length and are not distributed with grant applications. However, if a funder requests a copy we would be happy to share the document(s) via email. Thank you for your understanding.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**Monument Health Network, Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**PO Box 6000**

Room/suite

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

**Rapid City, SD 57709-6000**

**F** Name and address of principal officer: **Paulette Davidson**  
**same as C above**

**D** Employer identification number

**46-0360899**

**E** Telephone number

**605-755-9130**

**G** Gross receipts \$

**208,986,529.**

**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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ **https://monument.health/**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: **1981**

**M** State of legal domicile: **SD**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Monument Health Network is dedicated to improving the health of individuals and our</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>1298</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>68</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>230,147.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,526,653.</b>	<b>6,150,397.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>180,638,216.</b>	<b>202,801,568.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>13.</b>	<b>-783,537.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>22,353.</b>	<b>23,618.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>184,187,235.</b>	<b>208,192,046.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>104,979,192.</b>	<b>107,202,274.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>79,493,082.</b>	<b>87,775,445.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>184,472,274.</b>	<b>194,977,719.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-285,039.</b>	<b>13,214,327.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>114,799,210.</b>	<b>129,627,485.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>60,375,017.</b>	<b>62,387,693.</b>
		<b>54,424,193.</b>	<b>67,239,792.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>Mark Thompson, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>Kim Hunwardsen, CPA</b>	<b>Kim Hunwardsen, CPA</b>	<b>05/12/23</b>		<b>P00484560</b>
	Firm's name ▶ <b>Eide Bailly LLP</b>	Firm's EIN ▶ <b>45-0250958</b>			
	Firm's address ▶ <b>800 Nicollet Mall, Ste. 1300</b> <b>Minneapolis, MN 55402-7033</b>	Phone no. <b>612-253-6500</b>			

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