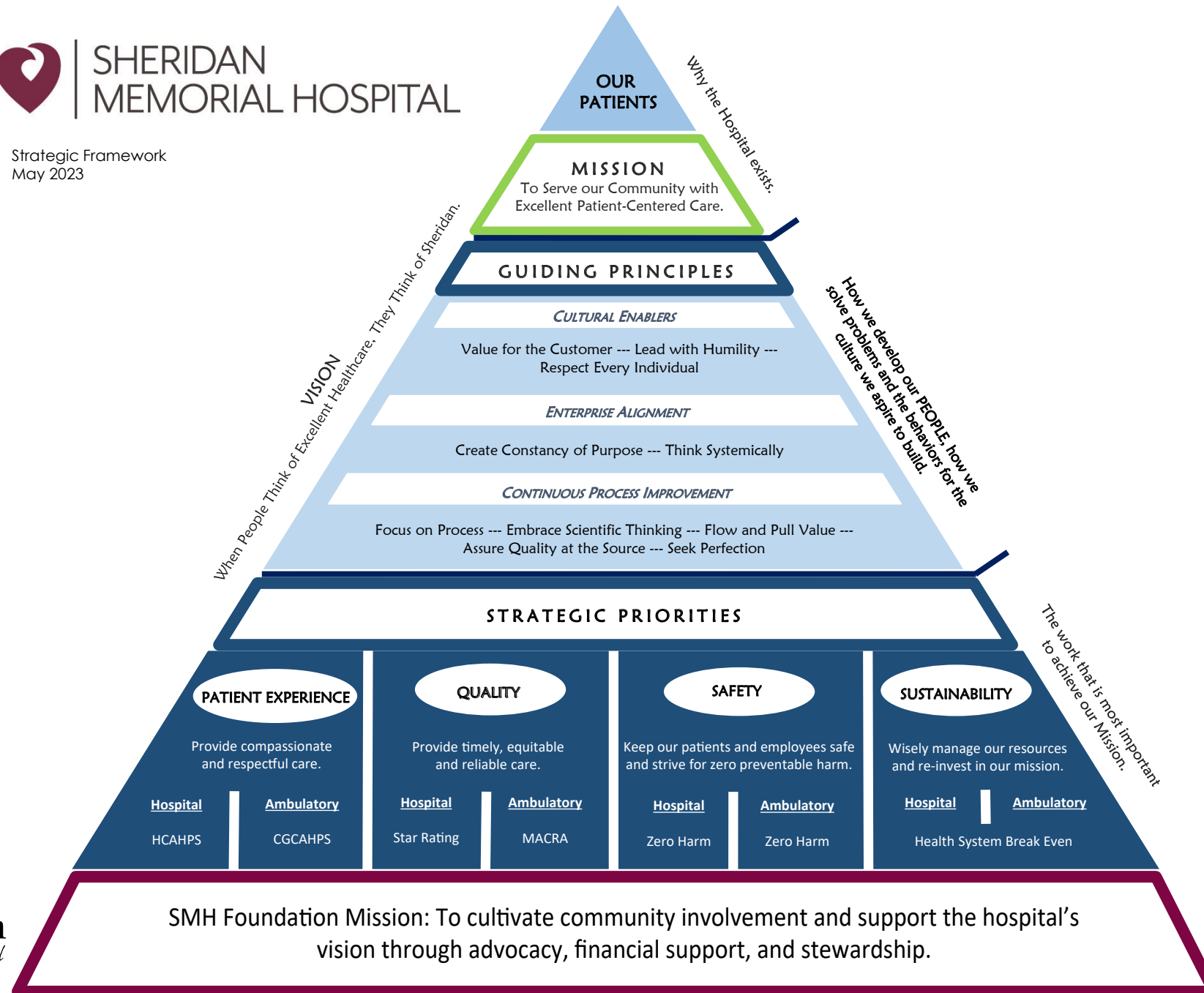


Sheridan Memorial Hospital Foundation
Regular Board Meeting
Monday, March 24, 2025, 4:00 pm
Location: Sheridan Memorial Hospital
Cafeteria Conference Room C

1. Welcome and Call the Meeting to Order—President Sue Belish
2. Sheridan Memorial Hospital Scholarship Update—Ada Kirven
3. Philanthropic Topics—Sue Belish
 - a. Board Evaluation – How are we doing? What could we improve?
 - b. CDO Evaluation
 - c. Form 990 Review
4. Philanthropic Story—Liz Dearcorn & Jasmine Slater
 - a. Jeannie Peterson Hall—Michael & Julie Erusha
5. Consent Agenda (action)—Sue Belish
 - a. February 24, 2025 meeting minutes
 - b. Checks, Transfers and Journal Entries for February 2025
6. Foundation Reports
 - a. Governance Committee Update to Bylaws—Wendy Smith
 - b. Roadmap Supporting SMH's Strategic Plan—Liz Dearcorn
 - c. Donor Relations Update—Ada Kirven
 - i. From Last Month: Emergency Department Carts – shipping was \$2,500 (within 10%)
 - d. Community Coordination, Event/Volunteer Updates—Jasmine Slater
7. Reports
 - a. SMH Board of Trustees Report—Richard Garber
 - b. SMH Physicians—Dr. Josh Scott
 - c. SMH Auxiliary—Rosemary Rieder
8. Other Business
 - a. Next board meeting scheduled on Monday, April 28, 2025 at 4 pm
 - b. Rescheduling May and June board meetings (holiday and golf tourney conflicts)
 - c. Reminder: Pediatric Unit Open House, Wednesday, March 26th at 4 pm for Foundation donors, 5 pm for the public
9. Adjournment

Sue Belish – *President* | Wendy Smith – *Vice President* | Yvonne Gatley – *Secretary* | Ryan Franklin – *Treasurer*
Mikole Bede Soto – *Director* | Chuck Burgess – *Director* | Gary Campbell – *Director* | William E. Doughty, MD – *Director*
Richard Garber – *Director* | Rosemary Rieder – *Director* | Joshua Scott, MD – *Director*

Cody Sinclair – *Chief Development Officer* | Ada Kirven – *Director of Donor Relations* | Liz Dearcorn – *Director of Philanthropy*



Mohatt, Johnson & Godwin LLP
PO Box 603
Sheridan, WY 82801-0603
307-672-6494

February 2, 2025

CONFIDENTIAL

Sheridan County Memorial Hospital
Foundation
P.O. Box 391
Sheridan, WY 82801

Dear Trustees:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Tommy D. Davis
Mohatt, Johnson & Godwin LLP

Filing Instructions

Sheridan County Memorial Hospital Foundation

Exempt Organization Tax Return

Taxable Year Ended June 30, 2024

Date Due: May 15, 2025

Remittance: None is required. Your Form 990 for the tax year ended 6/30/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Mohatt, Johnson & Godwin LLP
PO Box 603
Sheridan, WY 82801-0603

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2023, or fiscal year beginning **7/01**, 2023, and ending **6/30**, 20**24****Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023****SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**EIN or SSN
74-1905155Name and title of officer or person subject to tax **SUE BELISH
PRESIDENT****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	4,558,582
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) 2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) 3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) 5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) 6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) 7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) 9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **MOHATT, JOHNSON & GODWIN LLP** to enter my PIN **05155** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **02/05/25****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

83050492536

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **02/05/25****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

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

2023**Open to Public Inspection****A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24****B** Check if applicable:

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

C Name of organization**SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**

Doing business as

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

P.O. BOX 391

Room/suite

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

SHERIDAN**WY 82801****D** Employer identification number**74-1905155****E** Telephone number**307-673-2418****G** Gross receipts \$ **7,551,255****F** Name and address of principal officer:**SUE BELISH****P.O. BOX 391****SHERIDAN****WY 82801****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.SHERIDANHOSPITAL.ORG/FOUNDATION****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1976****M** State of legal domicile: **WY****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	SEE SCHEDULE O		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	150
Revenue	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
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,623,264	3,704,765
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
Expenses	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,122	853,130
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	768	687
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,753,154	4,558,582
	14 Benefits paid to or for members (Part IX, column (A), line 4)	886,873	4,368,859
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	107,894	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	358,136	461,690
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,245,009	4,830,549
	19 Revenue less expenses. Subtract line 18 from line 12	2,508,145	-271,967
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,075,554	16,435,803
22 Net assets or fund balances. Subtract line 21 from line 20	0	0	
	16,075,554	16,435,803	

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

SUE BELISH**PRESIDENT**

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed PTIN**TOMMY D. DAVIS****Preparer Use Only**

Firm's name

MOHATT, JOHNSON & GODWIN LLP

Firm's EIN

Firm's address

PO BOX 603**SHERIDAN, WY 82801-0603**

Phone no.

307-672-6494

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

- 1 Briefly describe the organization's mission:
SEE SCHEDULE O
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,319,097 including grants of \$ 2,319,097) (Revenue \$)
THE ORGANIZATION DISBURSED FUNDS TO REMODEL AND UPGRADE THE BEHAVIORAL HEALTH CENTER.

4b (Code:) (Expenses \$ 672,885 including grants of \$ 672,885) (Revenue \$)
THE ORGANIZATION DISBURSED FUNDS FOR AN ULTRASOUND PROJECT.

4c (Code:) (Expenses \$ 627,953 including grants of \$ 627,953) (Revenue \$)
THE ORGANIZATION DISBURSED FUNDS TO SUPPORT THE TRANSITIONAL CARE UNIT.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 786,036 including grants of \$ 748,924) (Revenue \$)

4e Total program service expenses 4,405,971

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	10	1b	10	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		10				
b Enter the number of voting members included on line 1a, above, who are independent			1b	10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

ADA KIRVEN

PO BOX 391

SHERIDAN

WY 82801

307-672-6494

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CODY SINCLAIR										
CHIEF DEV. OFFICER	24.00 36.00			X				0	168,045	36,249
(2) ADA KIRVEN										
DIRECTOR DONOR DEV.	36.00 0.00			X				0	81,960	41,137
(3) ELIZABETH DEARCORN										
DIR. OF PHILANTHROPY	40.00 0.00			X				0	18,112	15,391
(4) SUE BELISH										
PRESIDENT	2.00 0.00	X		X				0	0	0
(5) CHUCK BURGESS										
DIRECTOR	2.00 0.00	X						0	0	0
(6) GARY CAMPBELL										
DIRECTOR	2.00 0.00	X						0	0	0
(7) DR. WILLIAM DOUGHTY										
DIRECTOR	2.00 0.00	X						0	0	0
(8) RYAN FRANKLIN										
TREASURER	2.00 0.00	X		X				0	0	0
(9) RICHARD GARBER										
BOT REPRESENTATIVE	2.00 0.00	X						0	0	0
(10) YVONNE GATLEY										
SECRETARY	2.00 0.00	X		X				0	0	0
(11) ROSEMARY RIEDER										
SMH AUX. REPRESENT.	2.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DR. JOSHUA SCOTT										
(12) DIRECTOR	2.00 0.00	X						0	0	0
(13) WENDY SMITH										
(13) VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(14) MIKOLE BEDE SOTO										
(14) DIRECTOR	2.00 0.00	X						0	0	0
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal									268,117	92,777
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)									268,117	92,777

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

13

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	50,258					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,654,507					
	g Noncash contributions included in lines 1a-1f	1g	\$ 45,022					
	h Total. Add lines 1a-1f							3,704,765
	Program Service Revenue							Business Code
2a								
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			507,362			507,362	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			687			687	
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a	3,278,564	4,168				
		b Less: cost or other basis and sales exps.	7b	2,936,964				
	c Gain or (loss)	7c	341,600	4,168				
	d Net gain or (loss)			345,768			345,768	
	8a Gross income from fundraising events (not including \$ 50,258 of contributions reported on line 1c). See Part IV, line 18	8a	55,709					
		b Less: direct expenses	8b	55,709				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses		9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
	11a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				4,558,582	0	0	853,817	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,368,859	4,368,859		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,600		8,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	47,096		47,096	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,635		1,635	
13 Office expenses	9,335	1,364	1,364	6,607
14 Information technology	17,395		17,395	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	800		800	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SCMH - REIMB. SALARY	345,348	35,748	226,189	83,411
b SUPPLIES	19,691		1,815	17,876
c DUES & SUBSCRIPTIONS	10,044		10,044	
d BANK SERVICE CHARGES	1,417		1,417	
e All other expenses	329		329	
25 Total functional expenses. Add lines 1 through 24e	4,830,549	4,405,971	316,684	107,894
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	4,899,394	2	3,892,740
	3 Pledges and grants receivable, net	1,109,651	3	2,033,238
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	10,058,740	11	10,502,056
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,769	15	7,769
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,075,554	16	16,435,803	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		4,169,060	27	4,597,863
28 Net assets with donor restrictions		11,906,494	28	11,837,940
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		16,075,554	32	16,435,803
33 Total liabilities and net assets/fund balances	16,075,554	33	16,435,803	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,558,582
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,830,549
3	Revenue less expenses. Subtract line 2 from line 1	3	-271,967
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,075,554
5	Net unrealized gains (losses) on investments	5	632,216
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,435,803

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2023)

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**

Employer identification number

74-1905155**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	777,017	4,162,092	1,156,130	3,623,264	3,704,765	13,423,268
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	777,017	4,162,092	1,156,130	3,623,264	3,704,765	13,423,268
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,743,758
6 Public support. Subtract line 5 from line 4						8,679,510

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	777,017	4,162,092	1,156,130	3,623,264	3,704,765	13,423,268
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	228,292	191,391	268,618	351,935	507,362	1,547,598
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						14,970,866

12 Gross receipts from related activities, etc. (see instructions)	12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	57.98 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	57.75 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

**SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**

Employer identification number

74-1905155

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- $\frac{1}{3}$
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

SHERIDAN COUNTY MEMORIAL HOSPITAL

Employer identification number

74-1905155**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 100,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 675,676	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

SHERIDAN COUNTY MEMORIAL HOSPITAL

Employer identification number

74-1905155**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 300,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

**SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**

Employer identification number

74-1905155**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange program
☐ e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,100,161	1,079,961	1,059,261	1,038,061	1,027,361
b Contributions	15,291	20,200	20,700	21,200	10,700
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,115,452	1,100,161	1,079,961	1,059,261	1,038,061

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 b Permanent endowment 100.00 %
 c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
 (ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE FOUNDATION IS A TAX-EXEMPT, NONPROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION

Employer identification number

74-1905155

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 THE LINK - PART (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	69,072	36,895		105,967
2 Less: Contributions	49,004	1,254		50,258
3 Gross income (line 1 minus line 2)	20,068	35,641		55,709
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	20,068	35,641		55,709
10 Direct expense summary. Add lines 4 through 9 in column (d)				55,709
11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**

Employer identification number

74-1905155**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SHERIDAN COUNTY MEMORIAL HOSPITAL 1401 W 5TH STREET SHERIDAN WY 82801	83-6000241	GOV	2,319,097				BEHAVIORAL HEALTH
(2)	SHERIDAN COUNTY MEMORIAL HOSPITAL 1401 W 5TH STREET SHERIDAN WY 82801	83-6000241	GOV	672,885				ULTRASOUND PROJECT
(3)	SHERIDAN COUNTY MEMORIAL HOSPITAL 1401 W 5TH STREET SHERIDAN WY 82801	83-6000241	GOV	627,953				TRANSITIONAL CARE
(4)	SHERIDAN COUNTY MEMORIAL HOSPITAL 1401 W 5TH STREET SHERIDAN WY 82801	83-6000241	GOV	748,924				MISC PROGRAM SUPPORT
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1**
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE FOUNDATION IS NOT REQUIRED TO MONITOR THE USE OF GRANT FUNDS SINCE THE

HOSPITAL IS A QUALIFYING GOVERNMENTAL ENTITY.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2023**Open to Public
Inspection****SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**

Employer identification number

74-1905155**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CODY SINCLAIR	(i)	0	0	0	0	0	0	0
1 CHIEF DEV. OFFICER	(ii)	168,045	0	0	0	36,249	204,294	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - RELATED ORG METHODS USED FOR COMPENSATION EXPLANATION

COMPENSATION FOR THE CHIEF DEVELOPMENT OFFICER IS SET BY SHERIDAN COUNTY

MEMORIAL HOSPITAL, A RELATED ORGANIZATION.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open To Public
Inspection**

Employer identification number

74-1905155**FOUNDATION****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	5	45,022	DAILY TRADING PRICE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29**0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	X	
-----------	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X	
------------	----------	--

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

THE ORGANIZATION DOES USE THIRD PARTIES TO PROCESS NON-CASH CHARITABLE CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION**Employer identification number
74-1905155**FORM 990 - ORGANIZATION'S MISSION**

THE SHERIDAN MEMORIAL HOSPITAL FOUNDATION SUPPORTS ALL ASPECTS OF
HEALTHCARE AT SHERIDAN MEMORIAL HOSPITAL FOR THE SHERIDAN COMMUNITY. THE
FOUNDATION HELPS ENSURE THAT EXCELLENT PATIENT-CENTERED HEALTHCARE IS
AVAILABLE FOR EVERYONE IN THE COMMUNITY WHEN THEY NEED IT. THE FOUNDATION
ASSITS WITH CAPITAL, PROGRAM AND PATIENT-CARE IMPROVEMENT PROJECTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE ORGANIZATION DISBURSED FUNDS TO SUPPORT NUMEROUS PROGRAMS OF THE
SHERIDAN COUNTY MEMORIAL HOSPITAL

INCLUDING:**SCHOLARSHIP FUND: \$50,213****DIALYSIS: \$46,636****MISCELLANEOUS PROJECTS: \$635,931****FUNDRAISING EXPENSES: \$16,144****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

A COPY OF THE RETURN IS PROVIDED TO THE GOVERNING BODY FOR THEIR REVIEW
PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE FOUNDATION MONITORS CONFLICTS ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE CHIEF DEVELOPMENT OFFICER'S COMPENSATION IS SUBJECT TO REVIEW AND

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization	Employer identification number
SHERIDAN COUNTY MEMORIAL HOSPITAL	74-1905155

APPROVAL BY THE BOARD OF DIRECTORS. THE BOARD WORKS WITH THE HOSPITAL'S HUMAN RESOURCE DEPARTMENT TO DETERMINE AN APPROPRIATE SALARY. THE AMOUNT OF COMPENSATION IS DETERMINED BY THE JOINT EFFORT AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE PUBLISHED IN THE FOUNDATION'S ANNUAL REPORT, WHICH IS SENT TO ALL DONORS AND ANYONE ELSE WHO REQUESTS IT. THE ANNUAL REPORT IS ALSO PUBLISHED ON THE FOUNDATION'S WEB SITE.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

SHERIDAN COUNTY MEMORIAL HOSPITAL
FOUNDATION

Employer identification number
74-1905155

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHERIDAN COUNTY MEMORIAL HOSPITAL 1401 W 5TH STREET 83-6000241 SHERIDAN WY 82801	HOSPITAL	WY			N/A		X
(2)							
(3)							
(4)							
(5)							

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**Yes** **No****1a** **X****1b** **X****1c** **X****1d** **X****1e** **X****1f** **X****1g** **X****1h** **X****1i** **X****1j** **X****1k** **X****1l** **X****1m** **X****1n** **X****1o** **X****1p** **X****1q** **X****1r** **X****1s** **X****2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHERIDAN COUNTY MEMORIAL HOSPITAL	B	4,368,859	CASH
(2) SHERIDAN COUNTY MEMORIAL HOSPITAL	O	345,348	CASH
(3)			
(4)			
(5)			
(6)			

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Form 990	Event Income and Deduction Worksheet Description ANNUAL BENEFIT	2023
Name SHERIDAN COUNTY MEMORIAL HOSPITAL		Taxpayer Identification Number 74-1905155

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing	_____
<input type="checkbox"/>	Part VI, Controlled Org Income	_____
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	_____
<input type="checkbox"/>	Part VIII, Exploited Activities	_____
<input type="checkbox"/>	Part IX, Advertising Income	_____

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet Description GOLF TOURNAMENT	2023
Name SHERIDAN COUNTY MEMORIAL HOSPITAL		Taxpayer Identification Number 74-1905155

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	35,641
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	1,254
7. Total revenue. Add lines 1 through 6	7.	36,895
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	35,641
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	35,641
16. Net Income/Loss. Line 7 minus Line 15	16.	1,254

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	35,641
Total Exempt Activity Expense	35,641

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description THE LINK - PARTNERS IN PINK	2023
Name SHERIDAN COUNTY MEMORIAL HOSPITAL		Taxpayer Identification Number 74-1905155

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	20,068
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	49,004
7. Total revenue. Add lines 1 through 6	7.	69,072
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	2,651
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	17,417
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	20,068
16. Net Income/Loss. Line 7 minus Line 15	16.	49,004

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Expense Details - Indirect Expense:

Advertising and promotion	2,102
Office	549
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	2,651

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	17,417
Total Exempt Activity Expense	17,417

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Two Year Comparison Report		2022 & 2023
For calendar year 2023, or tax year beginning 07/01/23 , ending 06/30/24			
Name SHERIDAN COUNTY MEMORIAL HOSPITAL FOUNDATION			Taxpayer Identification Number 74-1905155

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	3,623,264	3,704,765	81,501
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	351,935	507,362	155,427
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-222,813	345,768	568,581
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	768	687	-81
	12. Total revenue. Add lines 1 through 11	12.	3,753,154	4,558,582	805,428
Expenses	13. Grants and similar amounts paid	13.	886,873	4,368,859	3,481,986
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.			
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	58,548	55,696	-2,852
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	299,588	405,994	106,406
	22. Total expenses. Add lines 13 through 21	22.	1,245,009	4,830,549	3,585,540
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	2,508,145	-271,967	-2,780,112
Other Information	24. Total exempt revenue	24.	3,753,154	4,558,582	805,428
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	129,890	853,817	723,927
	27. Total assets	27.	16,075,554	16,435,803	360,249
	28. Total liabilities	28.			
	29. Retained earnings	29.	16,075,554	16,435,803	360,249
	30. Number of voting members of governing body	30.	9	10	
	31. Number of independent voting members of governing body	31.	9	10	
	32. Number of employees	32.	0	0	
	33. Number of volunteers	33.	150	150	

Form 990	Tax Return History	2023
Name SHERIDAN COUNTY MEMORIAL HOSPITAL FOUNDATION		Employer Identification Number 74-1905155

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	777,017	4,162,092	1,156,130	3,623,264	3,704,765	
Membership dues						
Program service revenue						
Capital gain or loss	-145,130	785,000	381,208	-222,813	345,768	
Investment income	226,071	189,676	268,374	351,935	507,362	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	2,221	1,715	244	768	687	
Total revenue	860,179	5,138,483	1,805,956	3,753,154	4,558,582	
Grants and similar amounts paid	777,691	3,355,983	2,241,498	886,873	4,368,859	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees	52,705	63,711	64,687	58,548	55,696	
Occupancy costs						
Depreciation and depletion						
Other expenses	247,606	271,434	256,915	299,588	405,994	
Total expenses	1,078,002	3,691,128	2,563,100	1,245,009	4,830,549	
Excess or (Deficit)	-217,823	1,447,355	-757,144	2,508,145	-271,967	
Total exempt revenue	860,179	5,138,483	1,805,956	3,753,154	4,558,582	
Total unrelated revenue						
Total excludable revenue	83,162	976,391	649,826	129,890	853,817	
Total Assets	11,398,415	15,541,704	12,628,991	16,075,554	16,435,803	
Total Liabilities						
Net Fund Balances	11,398,415	15,541,704	12,628,991	16,075,554	16,435,803	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$ 233,599		14			
TOTAL	\$ 233,599					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST & DIVIDEND INCOME	\$ 273,763		14			
TOTAL	\$ 273,763					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRAVEL	\$ 329	\$	\$ 329	\$
TOTAL	\$ 329	\$ 0	\$ 329	\$ 0



Jeannie Peterson Hall

January 11 at 5:26 PM · 🧑🏻

...

I haven't put anything on FB about this, but one little detail has made me change my mind! On Tuesday I slipped on some slick ice and broke my hip, including a femur fracture. Surgery to install hardware (including a 40 centimeter rod down through the femur) happened on that day and now I find my self in the transitional care unit of Sheridan memorial hospital. Y'all know I've been here before, but this TCU is new and I'm in a room with a plaque showing the names of friends who donated to the completion of the unit. Seeing their names help me realized that nothing in this world happens without us pulling together to make it happen! Thank you Mike and [Julie Metzsch Erusha](#) for giving so generously to the hospital and the community..... and to all the other 100s of folks who answered the call (probably from Dr. Bill Doughty! 😊) to bring this to reality!

Update: still here but if you try to come see me, you have to ask for Jeannie Peterson. (Legal last name) 😊😊



Sheridan Memorial Hospital Foundation
Regular Board Meeting
Monday, February 24, 2025 4:00 pm
Location: Sheridan Memorial Hospital
Cafeteria Conference Room C

PRESENT: Mikole Bede Soto, Chuck Burgess, Gary Campbell, Dr. William Doughty, Ryan Franklin, Richard Garber, Yvonne Gatley, Rosemary Rieder, Dr. Joshua Scott, Wendy Smith

GUESTS: Cody Sinclair, Ada Kirven, Jasmine Slater, Liz Dearcorn, Lauren Martinsen, Karen Boedeker, Emma Groteluschen, Mike McCafferty

ABSENT: Sue Belish

WELCOME:

Vice President Wendy Smith called the meeting to order at 3:55 PM. Following a welcome to all attendees, Ryan Franklin shared a personal experience demonstrating the hospital's commitment to patient-centered care and continuous quality improvement. He affirmed the high quality of care provided and encouraged individuals to actively share positive experiences. He also emphasized the importance of gathering feedback regarding negative experiences to identify areas for improvement and further enhance the quality of care.

SHERIDAN MEMORIAL HOSPITAL

Cody Sinclair, Chief Development Officer, introduced Emma Groteluschen, Surgical Services Manager at Sheridan Memorial Hospital. Emma presented the need for an AccuVein Av500 vein finder for use in outpatient surgery and other hospital areas (Board Packet Pages 19-22). She explained that this equipment would be utilized across a variety of patient ages and populations to provide precise vein location for IV catheter placement, ultimately improving the patient experience. The current quote for the AccuVein finder is \$4,232.00 with a two year service plan for \$998.

Emma then presented the need for a Mini C-Arm. This device would be used for small bone orthopedic fractures and offers several advantages. It can be operated by a surgeon without requiring a radiology technician, which improves staffing efficiency within the radiology department. Additionally, the Mini C-Arm emits minimal radiation, reducing exposure for both patients and staff, thus contributing to a more positive patient care experience. Finally, the unit offers increased mobility and cost-effectiveness. The current quoted price for the refurbished Mini C-Arm is \$54,950.00.

SHERIDAN MEMORIAL HOSPITAL PERSPECTIVES IN HEALTHCARE
PRESENTATION – MIKE MCCAFFERTY, CHIEF EXECUTIVE OFFICER

Mike McCafferty presented on the state of rural health care. Sheridan Memorial Hospital (SMH), committed to patient-centered care, has strategically expanded its services by integrating Wyoming Regional EMS, Sheridan Green House, Northeast Wyoming Pediatrics, and Sheridan Orthopedic Associates. This consolidation strengthens the local healthcare system, enhances patient access, and supports recruitment and retention efforts, ensuring long-term sustainability. As an independent

Sheridan Memorial Hospital Foundation
February 24, 2025
Regular Board Meeting

county memorial hospital, SMH operates without tax or government subsidies, maintaining local control and prioritizing community needs. Notably, SMH delivers high-quality care at costs below state and national Medicare averages. Despite the growth of national healthcare systems, SMH remains dedicated to its community-focused mission.

CONSENT AGENDA (action):

Wendy Smith presented the two items on the consent agenda: the meeting minutes from January 27, 2025, and the January 2025 Checks, Transfers, and Journal Entries. There were no questions or concerns.

DR. DOUGHTY MOVED TO APPROVE THE CONSENT AGENDA. RYAN FRANKLIN SECONDED THE MOTION. THE MOTION CARRIED UNANIMOUSLY.

FOUNDATION REPORTS

Liz Dearcorn, Director of Philanthropy, presented the Roadmap Supporting SMH's Strategic Plan (Board Packet Page 13). She reported that the remaining balance for the Growing For You Campaign is \$934,128. The next Growing For You Campaign Committee meeting will be held on Thursday, March 13th, with two sessions scheduled from 7:30-8:30 AM and 11:30 AM-12:30 PM.

Ada Kirven, Director of Donor Relations, provided a donor update. She reported that 1,085 gifts were received in January (Board Packet Page 14), including ten gifts of \$2,000.00 or more. Total monthly cash receipts, including pledge payments, new cash gifts, and employee partner gifts, amounted to \$74,245.62. The Fund Development Plan Report further details Foundation staff activities during the month.

Ada Kirven provided an update on equipment purchases previously approved by the Foundation. The Peripheral Vascular Device System was purchased at the quoted price of \$15,545. The Emergency Department Carts, however, cost \$1,776.00 over the original quote of \$23,774.

Wendy Smith called for a motion to approve the additional expenditure of \$1,776.00 for the Emergency Department Carts.

RYAN FRANKLIN MOVED TO APPROVE THE ADDITIONAL AMOUNT OF \$1,776.00 FOR THE PURCHASE OF THE EMERGENCY CARTS. YVONNE GATLEY SECONDED THE MOTION. THE MOTION CARRIED UNANIMOUSLY.

Cody Sinclair suggested that, going forward, when the Board approves a quote for a purchase, they also authorize a 10% variance (plus or minus) on that quoted price. This would allow for minor cost fluctuations without requiring additional Board approval.

Cody proposed the purchase of the AccuVein AV500 (Vein Finder). The current quote is \$5,230.00 which includes an additional two year service plan. It would be expensed to the Membership Fund (Board Packet Page 30).

Wendy Smith asked for a motion to approve the purchase of the AccuVeinAV500 for \$5,230.00

Sheridan Memorial Hospital Foundation
February 24, 2025
Regular Board Meeting

with a 10% variance on the quoted price.

GARY CAMPBELL MOVED TO APPROVE THE PURCHASE OF TWO ACCUVEIN AV500 FOR \$10,460.00 WITH A 10% VARIANCE ON THE QUOTED PRICE. YVONE GATLEY SECONDED THE MOTION. THE MOTION CARRIED UNANIMOUSLY.

Mikole Bede Soto emphasized the importance of ensuring that the AccuVein vein finders are accessible for use throughout the hospital. She also inquired about the justification for purchasing two units. Cody Sinclair stated he would follow up with Emma Groteluschen to determine if staff input confirms the need for a second vein finder.

Cody Sinclair then discussed the Auxiliary Challenge for the Mini C-Arm purchase. The total cost of the equipment is \$54,950.00. The Auxiliary has generously donated \$13,000 toward the purchase and has challenged The Foundation to fund the remaining balance of \$41,950.00. The funds would be expensed to the Unrestricted Fund.

Wendy Smith asked for a motion to approve the purchase of the Mini C-Arm at a total cost of \$54,950.00, with the Auxiliary contributing \$13,000.00 and The Foundation providing the remaining \$41,950.00.

MIKOLE BEDE SOTO MOVED TO APPROVE THE PURCHASE OF THE MINI C-ARM FOR \$ 54,950.00, WITH THE AUXILIARY CONTRIBUTING \$13,000.00 AND THE FOUNDATION PROVIDING THE REMAINING \$41,950.00 WITH A 10%VARIANCE ON THE QUOTED PRICE. YVONNE GATLEY SECONDED THE MOTION. THE MOTION CARRIED UNANIMOUSLY.

Jasmine Slater provided updates on Community Coordination, Events, and Volunteer activities. She announced that the Foundation logo has been updated and the changes will be rolled out in phases starting in March 2025. She also reported that five new volunteers are currently on-boarding to serve in various areas of SMH.

SMH BOARD OF TRUSTEES REPORT- RICHARD GARBER

Richard Garber commented on the significant activity within the hospital, which Mike McCafferty had previously explained. He also noted the impactful letter written by Sue Belish concerning patient experience.

SMH PHYSICIANS- DR.JOSH SCOTT

Dr. Scott was unable to provide a report because he had to leave early from the meeting.

SMH AUXILIARY- ROSEMARY RIEDER

Rosemary Rieder reported that the Auxiliary selected the Mini C-Arm from three contribution options presented by The Foundation. They committed \$13,000 towards its purchase and challenged The Foundation to secure the remaining \$41,950.

.OTHER BUSINESS

The next Board meeting will be on Monday, March 24, 2025 at 4:00 P.M. in Conference Room C.

ADJOURNMENT

With no further matters to come before the Board, Wendy Smith adjourned the meeting at 5:40 pm.

Karen Boedeker, Recorder

Yvonne Gatley, Foundation Board Secretary

Sheridan County Memorial Hospital Foundation

Check Detail

February 2025

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	CLR	AMOUNT
OPERATIONS CHKG #6721 18-FFSB						
02/03/2025	Check	DC	Amazon. Com	Auxiliary Luncheon Supplies and Decor	R	-105.28
				Auxiliary Luncheon Supplies and Decor		105.28
02/10/2025	Check	4445	SMH Misc.	Invoice #7407, 2025.01	R	-28,404.79
				Invoice #7407, 2025.01 Wages		28,066.52
				Invoice #7407, 2025.01 Donor Recognition		236.92
				Invoice #7407, 2025.01 Office Supplies		10.87
				Invoice #7407, 2025.01 Volunteer		90.48
02/13/2025	Check	DM	U.S. Postal Service	2024 EOY mailing for Partner Letters	R	-99.56
				2024 EOY mailing for Partner Letters		99.56
02/17/2025	Check	DC	Rotary Club of Sheridan WY	Invoice 3541 and Invoice 22	R	-400.00
				Invoice 3541		200.00
				Invoice 22		200.00
02/18/2025	Check	DM	Amazon. Com	Employee Appreciation Day Mar 7, 2025- popcorn bar	R	-321.72
				Employee Appreciation Day Mar 7, 2025- popcorn bar		63.93
				Employee Appreciation Day Mar 7, 2025- popcorn bar		60.78
				Employee Appreciation Day Mar 7, 2025- popcorn bar		38.15
				Employee Appreciation Day Mar 7, 2025- popcorn bar		30.62
				Employee Appreciation Day Mar 7, 2025- popcorn bar		128.24
02/21/2025	Check	DB	Walmart	Employee Appreciation Day March 7 2025	R	-77.80
				Employee Appreciation Day March 7 2025		77.80
02/26/2025	Check	DC	GotPrint.com	2025 Wellness Cards x500	R	-50.45
				2025 Wellness Cards x500		50.45
PROGRAM CHKG #03-930011-16						
TEMP RESTRICTED PROGRAM FUNDS						
Auxiliary Projects						
02/10/2025	Check	011151	SMH Auxiliary	Trees of Love Online Gifts		-70.00
				Trees of Love Online Gifts		70.00
Cancer Center						
WCC General Donations						
02/10/2025	Check	011150	Abby Foster	FY25 Scholarship – ONS Test Application	R	-420.00
				FY25 Scholarship – ONS Test Application		420.00
02/19/2025	Check	011153	Teal Scheuber-Bell	FY25 Scholarship Reimbursement		-628.40
				FY25 Scholarship Reimbursement		628.40
02/19/2025	Check	011154	Savanna Hoelscher	FY25 Scholarship Reimbursement		-534.00
				FY25 Scholarship Reimbursement		534.00
Greenhouse						
June's Education Fund						
02/17/2025	Check	011152	Jordan Mccoy	Greenhouse Training Reimbursement		-2,505.16
				Greenhouse Training Reimbursement		2,505.16

Sheridan County Memorial Hospital Foundation

Check Detail

February 2025

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	CLR	AMOUNT
Growing For You						
Growing for You						
02/25/2025	Check	011156	NCR Behavioral Health LLC	Building a Mental Health Collaborative Event- Kent Corso		-4,000.00
				Building a Mental Health Collaborative Event- Kent Corso		4,000.00
T.C.U.						
02/24/2025	Check	011155	SMH Misc.	TCU funds as of 1/31/25	R	-25,000.00
				TCU funds as of 1/31/25		25,000.00
UNRESTRICTED PROGRAM FUNDS						
Membership Fund						
02/10/2025	Check	011149	SMH Misc.	Invoice #7407, 2025.01 Quiet Kits	R	-8,260.30
				Invoice #7407, 2025.01 Quiet Kits		8,260.30
Transfer for Operations						
02/28/2025	Check	DC	Blackbaud Transaction Fees	2025.02 Transaction Fees	R	-177.06
				2025.02 Transaction Fees		177.06

Sheridan Memorial Hospital Foundation

Journal Entries Last Month

February 2025

TRANSACTION TYPE	DATE	NUM	MEMO/DESCRIPTION	ACCOUNT	DEBIT	CREDIT
Journal Entry	02/27/2025	FIB Op 02.27 LM	FY25 Operational Distribution FY25 Operational Distribution	Budget Transfer Operating Funds:BudgetTransf Oprtn-Invest Fund Budget Transfer Operating Funds:Budgeted Operating Transfers	\$40,000.00	
						\$40,000.00
					\$40,000.00	\$40,000.00
Journal Entry	02/28/2025	02.25 CC Fees LM		PROGRAM CHKG #03-930011-16:UNRESTRICTED PROGRAM FUNDS:TR Interest PROGRAM CHKG #03-930011-16:UNRESTRICTED PROGRAM FUNDS:Transfer for Operations		\$548.07
					\$548.07	
					\$548.07	\$548.07
Journal Entry	02/28/2025	Bishop 02.25 AQ		DAD Bishop Dialysis Endowment:Realized Gain (Loss)	\$0.00	
				Other Investment Income:Bishop Endowment Fd:Realized Gains/Losses	\$0.00	
				DAD Bishop Dialysis Endowment:Unrealized Gain (Loss)	\$2,223.84	
				Other Investment Income:Bishop Endowment Fd:Unrealized Gains/Losses		\$2,223.84
				DAD Bishop Dialysis Endowment:Bishop Endowment Income	\$849.75	
				INVESTMENT INCOME:Dividends- Bishop Endowment		\$845.06
				INVESTMENT INCOME:Interest - Bishop Endowment FF		\$4.69
				Other Investment Income:Bishop Endowment Fd:Realized Gains/Losses	\$0.00	
				DAD Bishop Dialysis Endowment:Bishop Endowment Income	\$0.00	
				DAD Bishop Dialysis Endowment:Realized Gain (Loss)	\$0.00	
				PROGRAM CHKG #03-930011-16:TEMP RESTRICTED PROGRAM FUNDS:Dialysis Unit:Bishop Dialysis Endowment Distr	\$0.00	
				DAD Bishop Dialysis Endowment:Bishop Endowment Income	\$0.00	
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:Taxes - Foreign	\$0.00	
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:Bishop Endowment Fd	\$0.00	
					\$3,073.59	\$3,073.59
Journal Entry	02/28/2025	Cardiac Care 02.25 AQ	record monthly transactions	DAD Lorraine S Husman Trust:Realized Gain (Loss)	\$0.00	
			record monthly transactions	Other Investment Income:DAD - Husman Trust - Cardiac:Realized Gains/Losses	\$0.00	
			record monthly transactions	DAD Lorraine S Husman Trust:Unrealized Gain (Loss)		\$23,906.76
			record monthly transactions	Other Investment Income:DAD - Husman Trust - Cardiac:Unrealized Gains/Losses	\$23,906.76	
			record monthly transactions	DAD Lorraine S Husman Trust:DAD Husman Trust - Cardiac Care Principal	\$0.00	
			record monthly transactions	DAD Lorraine S Husman Trust:DAD Husman Trust Income	\$4,510.59	
			record monthly transactions	INVESTMENT INCOME:Dividends - DAD Husman TR Cardi		\$4,458.06
			record monthly transactions	INVESTMENT INCOME:Interest - DAD Husman TR -		\$52.53

Sheridan Memorial Hospital Foundation

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TRANSACTION TYPE	DATE	NUM	MEMO/DESCRIPTION	ACCOUNT	DEBIT	CREDIT
				Card		
			record monthly transactions - LTd Partnership Distribution	INCOME OTHER:PTP Distributions	\$0.00	
			record monthly transactions	Other Investment Income:DAD - Husman Trust - Cardiac:Realized Gains/Losses	\$0.00	
			record monthly transactions	DAD Lorraine S Husman Trust:DAD Husman Trust Income	\$0.00	
			record monthly transactions	MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:Taxes - Foreign	\$0.00	
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:DAD - Husman Trust - Cardiac	\$0.00	
				DAD Lorraine S Husman Trust:DAD Husman Trust Income	\$0.00	
				DAD Gifting Account	\$0.00	
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:Taxes - Foreign	\$0.00	
					\$28,417.35	\$28,417.35
Journal Entry	02/28/2025	Nursing Edu 02.25 AQ		DAD Nsg Educational Endowment:Realized Gain (Loss)	\$0.00	
				Other Investment Income:Nursing Educational Endow:Realized Gains/Losses	\$0.00	
				DAD Nsg Educational Endowment:Scholarship Income	\$1,334.62	
				INVESTMENT INCOME:Dividends -Scholarship Fun		\$1,327.58
				INVESTMENT INCOME:Interest - Scholarship		\$7.04
				Other Investment Income:Nursing Educational Endow:Unrealized Gains/Losses		\$3,478.74
				DAD Nsg Educational Endowment:Unrealized Gain (Loss)	\$3,478.74	
				DAD Nsg Educational Endowment:Scholarship Income	\$0.00	
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:Taxes - Foreign	\$0.00	
				DAD Nsg Educational Endowment:Scholarship Income	\$0.00	
				PROGRAM CHKG #03-930011-16:TEMP RESTRICTED	\$0.00	
				PROGRAM FUNDS:Clinical Ed Endowment Income		
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:Nursing Scholarship Endow	\$0.00	
				DAD Nsg Educational Endowment:Realized Gain (Loss)	\$0.00	
				Other Investment Income:Nursing Educational Endow:Realized Gains/Losses	\$0.00	
					\$4,813.36	\$4,813.36
Journal Entry	02/28/2025	Pledges 02.25 AQ	To adjust Pledges	Pledges Receivable:Pldgs Rec - Healthy Garden	\$0.00	
			To adjust Pledges	Pledges Receivable:Pldgs Rec - Golf Tournament	\$0.00	
			To adjust Pledges	Pledges Receivable:Pldgs Rec - Membership Fund	\$0.00	
			To adjust Pledges	Pledges Receivable:Pldgs Rec - Unrestricted-Great	\$225.00	
			To adjust Pledges	Pledges Receivable:Pldgs Rec -The Link Partners	\$0.00	
			To adjust Pledges	Pledges Receivable:Pldgs Rec - Transitional Care		\$480.75
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Golf Tournament	\$0.00	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Healthy Garden	\$0.00	

Sheridan Memorial Hospital Foundation

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TRANSACTION TYPE	DATE	NUM	MEMO/DESCRIPTION	ACCOUNT	DEBIT	CREDIT
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Membership Fund	\$0.00	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Unrestricted Great		\$225.00
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - The Link	\$0.00	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Transitional Care	\$480.75	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Growing for You		\$12,100.00
			To adjust Pledges	Pledges Receivable:Pldgs Rec - Growing for You	\$12,100.00	
			To adjust Pledges	Pledges Receivable:Pldgs Rec - Hospice of BH's	\$0.00	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Hospice	\$0.00	
			To adjust Pledges	Pledges Receivable:Pldgs Rec - Cardiac Care	\$0.00	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Cardiac Care	\$0.00	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Unrestricted Great	\$0.00	
			To adjust Pledges	DONATIONS - New Cash/New Pledge:Donations - Transitional Care		
					\$12,805.75	\$12,805.75
Journal Entry	02/28/2025	FIB OP 02.25 AQ		FIB-Investment- Operating Fund:Operating Fund Income	\$3,170.45	
				INVESTMENT INCOME:Dividends - FIB Operating Fd		\$3,170.45
				FIB-Investment- Operating Fund:Operating Fund Income		\$471.11
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:FIB - Opertaing Fund	\$471.11	
				FIB-Investment- Operating Fund:Unrealized Gain (Loss)	\$17,439.00	
				Other Investment Income:FIB - Operating Fund Investment:Unrealized Gains/Losses		\$17,439.00
				FIB Investment Account:FIB Investments - Other	\$0.00	
				FIB-Investment- Operating Fund:Operating Fund Income	\$0.00	
				FIB Investment Account:FIB Investments - Other	\$0.00	
				Other Investment Income:FIB - Operating Fund Investment:Realized Gains/Losses	\$1,645.22	
				FIB-Investment- Operating Fund:Realized Gain (Loss)		\$1,645.22
					\$22,725.78	\$22,725.78
Journal Entry	02/28/2025	FIB Invest 02.25 AQ		FIB Investment Account:FIB Investments - Other	\$1,958.37	
				INVESTMENT INCOME:Dividends - FIB		\$1,958.37
				MANAGEMENT & GENERAL OPERATIONS:Investment Service Fees:FIB - Investments	\$1,073.80	
				FIB Investment Account:FIB Investments - Other		\$1,073.80
				FIB Investment Account:FIB Investments - Other		\$1,967.89
				Other Investment Income:FIB - Investment Account:Unrealized Gains/Losses	\$1,967.89	
				FIB Investment Account:FIB Investments - Other	\$0.00	
				Other Investment Income:FIB - Investment Account:Realized Gains/Losses	\$0.00	
				FIB Investment Account:FIB Investments - Other	\$0.00	
				Other Investment Income:FIB - Investment		

Sheridan Memorial Hospital Foundation

Journal Entries Last Month

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TRANSACTION TYPE	DATE	NUM	MEMO/DESCRIPTION	ACCOUNT	DEBIT	CREDIT
				Account:Realized Gains/Losses		
				Other Investment Income:FIB - Investment		\$128.68
				Account:Realized Gains/Losses		
				FIB Investment Account:FIB Investments - Other	\$128.68	
				FIB Investment Account:FIB Investments - Other		
				Other Investment Income:FIB - Investment		
				Account:Realized Gains/Losses		
				Other Investment Income:Realized Gain/Loss - Stock Gift		
				DONATIONS - New Cash/New Pledge:Donations - Growing for You	\$0.00	
				Other Investment Income:FIB - Investment	\$0.00	
				Account:Realized Gains/Losses		
					\$5,128.74	\$5,128.74
TOTAL					\$117,512.64	\$117,512.64

Amended and Restated Bylaws

of

Sheridan County Memorial Hospital Foundation

The Board of Directors of Sheridan County Memorial Hospital Foundation hereby adopts the following Amended and Restated Bylaws for the Foundation, which amend and restate in their entirety the Bylaws of the Corporation, adopted December 7, 1976, as amended:

Article I – Name, Office and Statement of Purpose

1. **Name.** The name of this corporation is **Sheridan County Memorial Hospital Foundation**, hereinafter referred to as the “Foundation.”

2. **Offices.** The Foundation may have such offices within the State of Wyoming as the Board of Directors may determine or as the Foundation may desire from time to time. The Foundation’s present principal office is 1401 West 5th Street, Sheridan, Wyoming 82801. Meetings of the Board of Directors may be held at such places within the State of Wyoming as may be designated by the Board of Directors.

3. **Statement of Purpose.** The Foundation is a non-profit corporation existing under the laws of the State of Wyoming. The primary purpose of the Foundation is to promote charitable purposes, for the advancement and assistance in the development of Memorial Hospital of Sheridan County, Wyoming, and shall include but not be limited to the following purposes in furtherance of its exempt purposes: The solicitation and investment of funds; the creation of endowment or other funds for special purposes; the expenditure and distribution of funds to maintain the operation of the Foundation and to benefit Memorial Hospital of Sheridan County, Wyoming, and those projects authorized and requested by the Board of Trustees of Memorial Hospital of Sheridan County, Wyoming, and approved by the Board of Directors of the Foundation; and to administer funds according to the terms, conditions or stipulations which may accompany any gifts, grants, or bequests to the Foundation, and as the Board of Directors may direct from time to time.

This Foundation is organized exclusively for charitable purposes. No part of its earnings or capital shall inure to the benefit of any members, Directors or officers of the Foundation. No substantial part of its activities shall include carrying on propaganda or otherwise influencing legislation. The Foundation shall not participate in or interfere with any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the Foundation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue Law), as amended, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2)

of the Internal Revenue Code of 1986 (or the corresponding provision of any future United State Internal Revenue Law), as amended.

Article II – Board of Directors

1. **General Powers.** The affairs of the Foundation shall be managed by its Board of Directors and the Board shall have the power to review the actions of the officers.

2. **Number, Tenure and Qualification.** The number of voting directors shall be no less than nine (9) and no more than eleven (11). Directors shall be entitled to one (1) vote, with the exception of the Sheridan Memorial Hospital Board of Trustee's Representative who will be a non-voting director of the Foundation. The Board shall be comprised of persons who are committed to the stated purpose of this Foundation. Provided, however, no more than one (1) director shall be an active member of the Board of Trustees of Memorial Hospital of Sheridan County, Wyoming. Such directors shall each serve for the terms set forth below in this Article. No director shall be re-elected for more than two (2) consecutive three (3) year terms, nor more than six (6) consecutive one (1) year terms, in addition to the remainder of any term for which the director was appointed to fill a vacancy. When a director has served a maximum number of terms on the Board, he or she may be re-elected after a one (1) year absence. New directors shall be elected annually to replace those directors whose terms have expired. Each director shall hold office for the term for which he or she is elected or until his or her successors have been elected and qualified.

The directors of the Board shall be appointed or elected under the following procedure for the following terms of office:

- A. One (1) director of which shall be a duly appointed member of the Board of Trustees of Memorial Hospital of Sheridan County, Wyoming. This director shall be appointed annually by said Board of Trustees for a one (1) year term, and shall be a non-voting member.
- B. One (1) director of which shall be appointed by the Medical Staff of Memorial Hospital of Sheridan County, Wyoming. This director shall be appointed annually by the Sheridan Memorial Hospital Medical Staff for a one (1) year term.
- C. One (1) director of which shall be appointed by the Sheridan Memorial Hospital Auxiliary of Memorial Hospital of Sheridan County, Wyoming. This director shall be appointed annually by the Sheridan Memorial Hospital Auxiliary for a one (1) year term.
- D. Not less than seven (7) and no more than nine (9) directors of which shall be elected by the Foundation Board. The term of office for these directors elected by the Board shall each be three (3) years.

3. **Regular Meetings.** Regular meetings of the Board may be held on such dates and at such times as determined by the Board in person, or by any means of communication by which all directors participating may simultaneously communicate with each other during the meeting. The regular annual meeting of the Board shall be held during the month of July of each year for the purpose of the appointment of officers and for the transaction of such business as shall come before the Board. Notice of the annual meeting shall be given to Board by the President or by any other officer, or their designee, at least two (2) days previous thereto.

4. **Special Meetings.** Special meetings of the Board may be called by or at the request of the presiding officer of the Board, the Executive Director or at least twenty-five percent (25%) of the directors then in office. The person or persons authorized to call special meetings of the Board may fix any place as the place for holding any special meeting of the Board called by them. Special meetings may be held in person or by any means of communication by which all directors participating may simultaneously communicate with each other during the meeting.

5. **Notice.** Notice of any special meeting of the Board shall be given at least two (2) days previous thereto or as otherwise provided in Wyo. Stat. Ann. §§ 17-19-822 and -1020 by written notice delivered personally or sent by mail or electronic mail to each director at his or her mailing address or electronic mail address as shown by the records of the Foundation. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting, except where a director attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened.

6. **Quorum.** A majority of the voting directors then in office shall constitute a quorum for the transaction of the business at any meeting of the Board; but if less than a majority of the directors are present at said meeting, a majority of the directors present may adjourn the meeting from time to time until a quorum is present.

7. **Manner of Acting.** When a quorum of directors are present at a meeting, action of the Board requires a majority of the quorum present.

8. **Vacancies.** Any vacancy occurring in the Board shall be filled by the Board for the remaining unexpired term of the vacant office, and the President of the Foundation may make a recommendation to the Board in such respect. A Director elected to fill a vacancy shall be elected for the unexpired term of his or her predecessor in office. At the end of the filled vacant term, such position shall be filled as required under Article II.2. of these Bylaws.

9. **Removal of Directors.** A Director may be removed as provided in Wyo. Stat. §§ 17-19-808 and -809 (2013), as amended.

10. **Resignation.** A Director may resign at any time by delivering written notice to the Board or to the President or Secretary. A resignation is effective when the notice is delivered, unless the notice specifies a later effective date.

11. **Compensation.** No compensation shall be paid to the Directors for their services or for their services as Directors.

12. **Board Director Conflict of Interest.** Conflicts of interest for any director of this Foundation shall be governed by Wyo. Stat. § 17-19-831 (2013), as amended.

Article III – Officers

1. **Officers.** The officers of the Foundation shall be a President, Vice President, Secretary and Treasurer. No two offices may be held by the same person.

2. **Election and Term of Office.** Subject to Wyo. Stat. § 17-19-844 (2013), as amended, the officers of the Foundation shall be elected annually by the Board at its annual meeting. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as may be convenient. The officers of the Foundation must also be board directors. Each officer shall hold office for a one-year term, or until his or her successor shall have been duly elected and qualified.

3. **Removal and Resignation.** Any officer elected or appointed by the Board may be removed by the Board at any time, without cause. Any officer may resign at any time by delivering written notice of such to the Foundation.

4. **Vacancies.** A vacancy in any office because of death, resignation, removal, disqualification or otherwise, may be filled by the Board for the unexpired portion of the term.

5. **President.** The President shall preside at all meetings of the Board. The President shall sign, with the Secretary or any other proper officer of the Foundation authorized by the Board, any deeds, mortgages, bonds, contracts or other instruments which the Board has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Board or by these Bylaws, or by statute, to some other officer or agent of the Foundation. The President shall in general perform all duties incident to the office of the President and such other duties as may be prescribed by the Board from time to time. The President shall appoint committees as are necessary for the efficient operation of the Foundation.

6. **Vice President.** In the absence of the President or in the event of the President's inability or refusal to act, the Vice President shall perform the duties of the President, and when so acting, shall have the powers of and be subject to all restrictions upon the President. The Vice President shall perform such other duties as from time to time may be assigned to him or her by the President or by the Board.

7. **Treasurer.** The Treasurer, or his/her designee, shall have charge and custody of and be responsible for all funds and securities of the Foundation, shall receive and give receipts for monies due and payable to the Foundation from any source whatsoever, and shall deposit all such monies in the name of the Foundation in such banks, trust companies, or other depositories as shall be selected in accordance with the provisions of Article VI of these Bylaws. The Treasurer

shall in general perform all the duties incident to the office of Treasurer and such other duties as from time to time may be assigned to him or her by the President or by the Board. The Treasurer, or his or her designee, shall make a report at each regular meeting of the Board.

8. **Secretary.** The Secretary, or his or her designee, shall keep the minutes of the meetings of the Board; see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; be custodian of the Foundation records; and in general perform all duties incident to the office of the Secretary and such other duties as from time to time may be assigned to him or her by the President or by the Board.

9. **Delegation of Powers or Duties.** The powers or duties of any officer may be delegated by the Board in the case of the absence of any officer, or for any other reason that the Board may deem sufficient. Such delegated powers or duties shall be made to any other officer or director, or to a member of the Foundation staff.

Article IV – General Membership

1. **Number.** There shall be no limitation on the number of members in this Corporation.

2. **Membership.** Membership in Sheridan County Memorial Hospital Foundation shall be open to any person or legal entity interested in the advancement, development and growth of Memorial Hospital of Sheridan County, Wyoming. Any such person or entity shall become a member automatically upon making a donation or contribution to the Foundation, provided that such donation equals or exceeds the minimum amount of any donation or contribution necessary to qualify for membership in the Foundation, which shall be determined by the Board in its sole discretion. All members shall each have the same rights set forth in these Bylaws.

3. **Term of Membership; Contributions and Dues.** The term of membership shall be determined by the level of donation or contribution, as set by the Board in its sole discretion. Membership contributions shall be determined by the Board from time to time in its sole and absolute discretion, and will be subject to change only upon Board approval.

4. **Annual and Regular Meetings.** The annual meeting of the membership shall be held in July of each year, on a date and at a time and place determined by the President of the Foundation, but in any event before the annual meeting of the Board. The annual meeting of the membership shall be held within the State of Wyoming as may be provided in the notice of annual meeting to members. Failure to hold the annual meeting of the membership at the time designated herein shall not work a forfeiture or dissolution of the Corporation, nor shall it affect the validity of any corporate action. The purpose of the annual meeting shall be for the President of the Corporation to report on the activities and financial condition of the Corporation, and for the members to consider and act upon such other matters as may come before the meeting without such other notice than this Bylaw. The membership may also hold regular meetings, more frequently than annually, as may be called by the President or by the Board.

5. **Special Meetings.** Special meetings of the membership may be called in accordance with Wyo. Stat. § 17-19-702 (2013), as amended.

6. **Notice of Annual, Regular and Special Meetings.** Notice of meetings shall be given in accordance with Wyo. Stat. § 17-19-705 (2013), as amended.

7. **Waiver of Notice.** A member may waive any notice required by the Articles of Incorporation, these Bylaws, or by Wyoming statute, before or after the date and time stated in the notice. The waiver shall be in writing, be signed manually or by facsimile by the member entitled to the notice, and be delivered to the Foundation for inclusion in the minutes or filing with the corporate records. A member's attendance at a meeting (A.) waives objection to lack of notice or defective notice of the meeting, unless the member at the beginning of the meeting objects to holding the meeting or transacting business at the meeting, and (B.) waives objection to consideration of a particular matter at the meeting that is not within the purpose or purposes described in the meeting notice, unless the member objects to considering the matter when it is presented.

8. **Voting.** Each member is entitled to one (1) vote on each matter voted on by the members. If a membership stands of record in the names of two (2) or more persons, their acts with respect to voting shall have the following effect: (A.) If only one (1) votes, such act binds all; and (B.) If more than one (1) votes, the vote shall be divided on a pro rata basis. Unless the Articles of Incorporation or Wyoming statute require a greater vote, if a quorum is present, the affirmative vote of the votes represented in voting (which affirmative votes also constitute a majority of the required quorum) is the act of the members. A Bylaw amendment to increase or decrease the vote required for any member action shall be approved by the members.

9. **Quorum.** Representation in person or by proxy of ten percent (10%) of the votes entitled to be cast on a matter shall be required to constitute a quorum on that matter. Unless one-third (1/3) or more of the voting power is present in person or by proxy, the only matters that can be voted upon at an annual or regular meeting of the members are those matters that are described in the meeting notice. An amendment to these Bylaws to decrease the quorum for any member action may be approved by the members or by the Board. A Bylaw amendment to increase the quorum required for any member action shall be approved by the members.

10. **Proxies.** A member may appoint a proxy to vote or otherwise act for the member by signing an appointment form either personally or by an attorney-in-fact. An appointment of a proxy is effective when received by the Secretary or other officer or agent authorized to tabulate votes. An appointment is valid for eleven (11) months unless a different period is expressly provided in the appointment form; provided, however, that no proxy shall be valid for more than three (3) years from its date of execution. An appointment of a proxy is revocable by the member. An appointment of a proxy is revoked by the person appointing the proxy attending any meeting and voting in person, or signing and delivering to the Secretary or other officer or agent authorized to tabulate proxy votes either a writing stating that the appointment of the proxy is revoked or a subsequent appointment form.

11. **Action Without Meeting.** Any action required or permitted to be taken at a membership meeting may be taken without a meeting if notice of the proposed action is given to all voting members and the action is approved by ninety percent (90%) of the members entitled to vote on the action. The action shall be evidenced by one (1) or more written consents describing the action approved, signed either manually, or in facsimile, by the requisite number of members entitled to vote on the action, and delivered to the Corporation for inclusion in the minutes for filing with the corporate record. Any action that may be taken at any annual, regular or special meeting of members may be taken without a meeting if the Corporation delivers a written ballot to every member entitled to vote on the matter, as expressly authorized by Wyoming statute.

Article V – Advisory Committees

The President may appoint one or more advisory committees. The President may at any time appoint additional members to any such committee. Members of any such committee shall serve at the pleasure of the President. Such advisory committees shall advise with and aid the officers of the Foundation in all matters designated by the President and the Board, and prescribe rules for the call and conduct of meetings of the committee and other matters relating to its procedure.

Article VI – Conduct of Business of the Foundation

1. **Contracts.** The Board may authorize any officer or officers, agent or agents, of the Foundation in addition to the officers so authorized by these Bylaws, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Foundation, and such authority may be general or confined to specific instances.

2. **Checks, Drafts, etc.** All checks, drafts, or orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Foundation, shall be signed by such officer or officers, agent or agents of the Foundation and in such manner as shall from time to time be determined by resolution of the Board. In the absence of such determination by the Board, such instruments shall be signed by the Treasurer and countersigned by the President or Vice President of the Foundation.

3. **Deposits.** All funds of the Foundation shall be deposited from time to time to the credit of the Foundation in such banks, trust companies, or other depositories as the Board may select.

4. **Contributions.** Contributions may be solicited and received either in the form of services or financial or material assistance necessary to carry out and fulfill the purposes set forth in these Bylaws.

5. **Gifts.** The Board may accept on behalf of the Foundation any gift, bequest, or devise for the general purpose or for a special purpose of the Foundation.

Article VII – Indemnification

The Foundation shall indemnify, defend and advance expenses to all directors, officers and employees to the fullest extent permitted by Wyoming law, whether now existing or hereafter amended.

Article VIII - Insurance

The Foundation shall purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the Foundation against liability asserted against or incurred by him or her in that capacity, or arising from his or her status as director, officer, employee or agent, whether or not the Foundation would have the power to indemnify the person against the same liability pursuant to Wyoming law.

Article IX – Executive Director

The Board under an employee sharing agreement with Sheridan Memorial Hospital will employ an Executive Director who shall be the chief executive officer of the Foundation. The Executive Director shall be paid such salary as determined by the Board and Sheridan Memorial Hospital and shall be responsible for the execution of such plans and policies as the Board may authorize, direct or approve. Upon approval by the Board, the Executive Director shall recommend individuals for appointment to the administrative staff, if any, and assign them appropriate duties. The Board, in its sole discretion, may appoint the Executive Director to serve ex-officio, but without vote, on the Board and on all committees appointed by the Board.

Article X – Books and Records

The Foundation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its Board. All books and records of the Foundation may be inspected by any director, or his or her agent or attorney, for any proper purpose at any reasonable time.

Article XI – Fiscal Year

The fiscal year of the Foundation shall commence on the first (1st) day of July of each year and end on the thirtieth (30th) day of June of each year, unless revised by the Board in its sole discretion.

Article XII – Seal

The seal of the Foundation shall be circular in form and shall have inscribed thereon the name of the Foundation and the State, and in the center of the “Corporate Seal.”

Article XII - Distribution of Assets Upon Dissolution

In the event that this Foundation should be dissolved for any reason, then upon dissolution, any debts and obligations of the Foundation shall be first paid, and thereupon the remaining or net assets shall be distributed, transferred, delivered and paid over to the Memorial Hospital of Sheridan County exclusively for charitable or scientific purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, or to a state or local government, or an instrumentality thereof, to be used for a public purpose, as the Board shall determine. Any such assets not so disposed of shall be disposed of by the District Court of the County in which the principal office of the Foundation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article XIII – Amendments to Bylaws

The Board, acting in the best interests of the Foundation and its efficient operations and activities, may amend, alter, repeal, or replace and adopt new or amended Bylaws without the necessity of a meeting of the General Membership calling for the vote and approval of the new or amended Bylaws by the General Membership, even if the amendment relates to the number of directors, the composition of the board, the term of office of directors, or the method or way in which directors are elected or selected, by making the new or amended Bylaws available to the General Membership, after which any written comments from the General Membership will be reviewed and considered and, if requested by the General Membership, voted on at the next meeting of the General Membership.

The foregoing Amended and Restated Bylaws are hereby approved and adopted by the Board of the Foundation this ____ day of _____, 2025.

BOARD OF DIRECTORS:

By: _____
Sue Belish
President

By: _____
Wendy Smith
Vice President

By: _____
Yvonne Gatley
Secretary

By: _____
Ryan Franklin
Treasurer

By: _____
Chuck Burgess
Director

By: _____
William E. Doughty, MD
Director

By: _____
Gary Campbell
Director

By: _____
Mikole Bede Soto
Director

By: _____
Rosemary Rieder
Director

By: _____
Joshua Scott, MD
Director

By: _____
Richard Garber
Director



Roadmap for Philanthropic Support of SMH's Strategic Plan

SMH Foundation Mission: To cultivate community involvement and support the hospital's vision through advocacy, financial support, and stewardship.

Behavioral Health	\$17,502,953
*Pharmacy/Respiratory Move	
*Pediatrics Move/Remodel	
*Med-Surg Move/Remodel	
*Inpatient, Outpatient & Crisis Stabilization	
Emergency Department Update	\$1,480,000
Total Goal to raise by December 31, 2026	\$18,982,953

Secured Government Funding 2023-2024

Wyoming SLIB Board Funding (Behavioral Health)	\$5,900,000
Wyoming SLIB Board Funding (Emergency Department)	\$480,000
Sheridan County	\$2,500,000
Total Secured Government Funding 2023-2024	\$8,880,000

UPDATED Funding 2024-2026

Wyoming ARPA Inflationary Funding (11/1/2024)	\$1,000,000
Sheridan Memorial Hospital	\$982,953
Foundation Gifts & Pledges through 2/28/2025	\$7,197,972
SMH Foundation Fund Raising Remaining to 12/31/2026 Goal	\$922,028
Total	\$18,982,953

2/28/2025

Important Dates—

- Monday, March 24 Foundation Board Meeting, 4 pm, Cafeteria Conf C
- Wednesday, March 26 Board of Trustee Meeting, 4 pm, Cafeteria Conf A/B
- Wednesday, March 26 Pediatric Unit Open House, 4 pm for Foundation Donors, 5 pm public
- Monday, April 28 Foundation Board Meeting, 4 pm, Cafeteria Conf C

Activities:

1. February 2025 Gift Overview: 1,055 Gifts for Various Funds, Behavioral Health and TCU Pledges

Monthly Cash to Bank	\$39,116.47
Pledge Payments Received	\$22,396.47
New Cash/Stock	\$12,677.00
Employee Partner Gifts	\$4,043.00

Memorial and Honor Gifts for Last Month

- ♥ Neil Delapp, Welch Cancer Center

New Donors this Fiscal Year

FY25	July-Feb	215	\$61,293
FY24	July-June	322	\$328,584

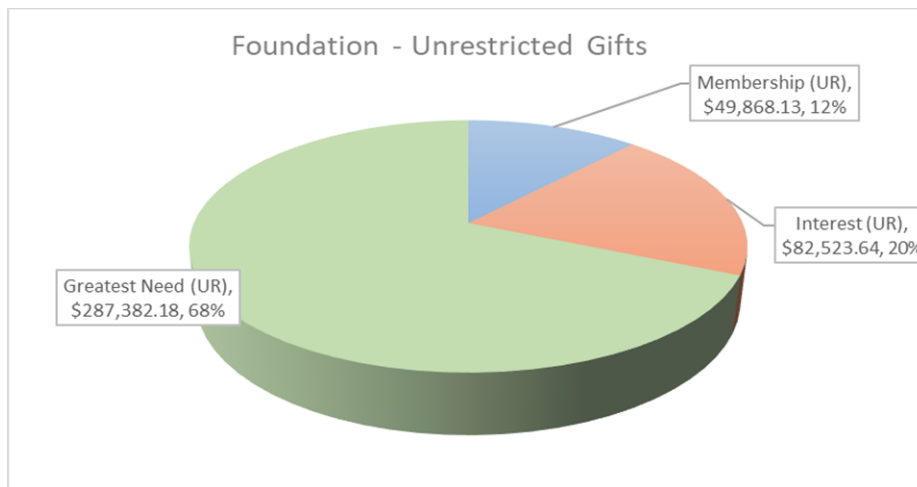
Foundation Staff Donor Actions Completed Last Month

Phone Calls	22
Meetings	8
Mailings	54
Emails	19

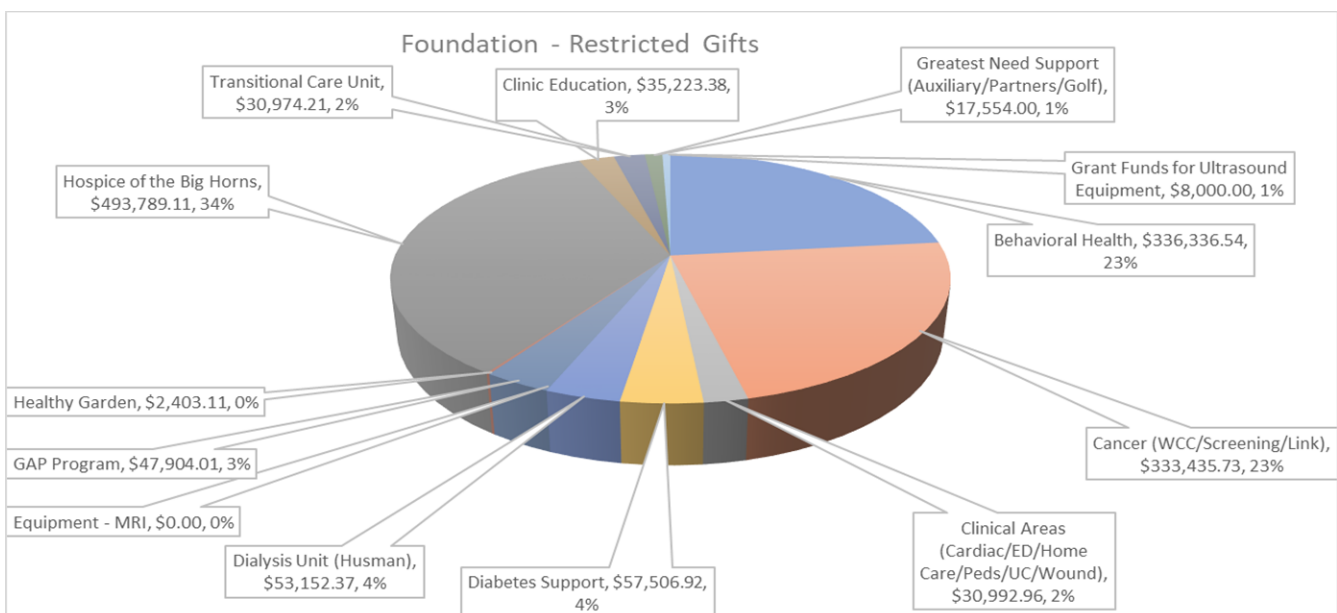
Major Gifts Received, \$2,000 or more

1. Mr. and Mrs. Michael Erusha	\$12,000.00
2. SMH Auxiliary	\$8,000.00
3. Dr. and Mrs. William B. Taylor	\$5,000.00
4. WWC Engineering	\$2,000.00

Monthly Financial Summary Report			
Ryan Franklin, Foundation Board Treasurer			
February 2025 Financial Overview			
Total Cash Assets Balance Forward		1/31/2025	\$ 15,086,223.18
			Increase/Decrease
1	Total Income (<i>breakout below</i>)	2/28/2025	\$ 46,855.17
2	New Cash & Pledges, \$28,564.25		
	Investment Income, \$18,290.17		
3	Total Fund Raising Expenditures	2/28/2025	
4	Operation Expenses (professional fees)	2/28/2025	\$ (31,181.57)
5	Program Distributions to SMH	2/28/2025	\$ (41,417.86)
6	Investment Unrealized Gain/Loss	2/28/2025	\$ (4,249.61)
Total Assets			\$15,056,229.31
			-\$29,993.87
Investments - FIB, D.A. Davidson & TDA		Values	% of Holdings
	DAD Bishop Endowment	2/28/2025	\$ 622,435.77
	DAD Gifting Account	2/28/2025	\$ 0.53
	DAD Lorraine S Husman Trust	2/28/2025	\$ 6,440,726.35
	DAD Educational Endowment	2/28/2025	\$ 973,676.16
	FIB Unrestricted	2/28/2025	\$ 2,148,531.59
	FIB Operational	2/28/2025	\$ 920,671.84
Total Investment Assets			\$11,106,042.24
			100%



Month	
Feb-25	\$11,106,042.24
Jan-25	\$11,140,012.98
Dec-24	\$10,936,484.62
Nov-24	\$11,214,402.73
Oct-24	\$10,650,798.37
Sep-24	\$10,960,944.06
Aug-24	\$10,773,281.67
Jul-24	\$10,549,117.50
Jun-24	\$10,502,056.67
May-24	\$10,320,572.24
Apr-24	\$9,990,628.16
Mar-24	\$10,420,501.03
Feb-24	\$10,200,324.15



Sheridan County Memorial Hospital Foundation

Budget vs. Actuals: Budget_FY25_P&L - FY25 P&L

July 2024 - February 2025

	TOTAL				
	ACTUAL	BUDGET	OVER BUDGET	REMAINING	% OF BUDGET
Income					
Budget Transfer Operating Funds		0.00	0.00	0.00	
Budgeted Operating Transfers	320,000.00	419,917.00	-99,917.00	99,917.00	76.21 %
Total Budget Transfer Operating Funds	320,000.00	419,917.00	-99,917.00	99,917.00	76.21 %
Total Income	\$320,000.00	\$419,917.00	\$ -99,917.00	\$99,917.00	76.21 %
GROSS PROFIT	\$320,000.00	\$419,917.00	\$ -99,917.00	\$99,917.00	76.21 %
Expenses					
MANAGEMENT & GENERAL OPERATIONS	0.00	0.00	0.00	0.00	
Accounting	3,300.00	11,000.00	-7,700.00	7,700.00	30.00 %
Advertising & Marketing	1,635.00	2,500.00	-865.00	865.00	65.40 %
Bank Service Charges	7.00	0.00	7.00	-7.00	
Credit Card Fees	1,408.19	1,500.00	-91.81	91.81	93.88 %
Insurance	800.00	820.00	-20.00	20.00	97.56 %
Office Expenses	102.65	0.00	102.65	-102.65	
Computer Support	16,737.29	16,900.00	-162.71	162.71	99.04 %
Postage and Delivery	1,873.11	4,200.00	-2,326.89	2,326.89	44.60 %
Printing and Reproduction	525.25	3,200.00	-2,674.75	2,674.75	16.41 %
Supplies/Other	2,199.35	1,500.00	699.35	-699.35	146.62 %
Total Office Expenses	21,437.65	25,800.00	-4,362.35	4,362.35	83.09 %
Professional Fees		0.00	0.00	0.00	
Dues	1,572.25	3,000.00	-1,427.75	1,427.75	52.41 %
Education/Seminars	2,082.45	5,000.00	-2,917.55	2,917.55	41.65 %
Legal Fees	625.00	1,000.00	-375.00	375.00	62.50 %
Total Professional Fees	4,279.70	9,000.00	-4,720.30	4,720.30	47.55 %
Professional Fees for Services	225,443.91	350,097.00	-124,653.09	124,653.09	64.39 %
Recognition Program		0.00	0.00	0.00	
Donor Recognition Expenses	2,870.44	6,300.00	-3,429.56	3,429.56	45.56 %
Partner Program	6,684.73	8,200.00	-1,515.27	1,515.27	81.52 %
Special Events		500.00	-500.00	500.00	
Annual Meeting	380.50	0.00	380.50	-380.50	
Total Special Events	380.50	500.00	-119.50	119.50	76.10 %
Total Recognition Program	9,935.67	15,000.00	-5,064.33	5,064.33	66.24 %
Travel Expenses	1,809.41	1,000.00	809.41	-809.41	180.94 %
Volunteer Programs	1,002.87	3,200.00	-2,197.13	2,197.13	31.34 %
Total MANAGEMENT & GENERAL OPERATIONS	271,059.40	419,917.00	-148,857.60	148,857.60	64.55 %
Total Expenses	\$271,059.40	\$419,917.00	\$ -148,857.60	\$148,857.60	64.55 %
NET OPERATING INCOME	\$48,940.60	\$0.00	\$48,940.60	\$ -48,940.60	0.00%
NET INCOME	\$48,940.60	\$0.00	\$48,940.60	\$ -48,940.60	0.00%

SHERIDAN COUNTY MEMORIAL HOSPITAL FOUNDATION

Financial Statements

February 28, 2025 and February 29, 2024

MOHATT, JOHNSON & GODWIN, LLP

Certified Public Accountants

Everett J. Mohatt, CPA * Michael B. Johnson, CPA * Daniel R. Godwin, CPA * Tommy D. Davis, CPA

Laura J. Spiegel, CPA * Sarah J. Phillips, CPA * Roxanne P. Ostlund, CPA

SHERIDAN OFFICE

352 Whitney Lane – Suite 201
P.O. Box 603 Sheridan, WY 82801
307-672-6494 307-672-6814 fax

BUFFALO OFFICE

99 S. Main Street - Suite B
Buffalo, WY 82834
307-684-2997 307-684-2355 fax

ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors
Sheridan County Memorial Hospital Foundation
Sheridan, WY 82801

Management is responsible for the accompanying financial statements of Sheridan County Memorial Hospital Foundation (a non-profit organization), which comprise the statements of assets, liabilities, and net assets— income tax basis as of February 28, 2025 and 2024, and the related statements of support, revenue and expenses—income tax basis for the one month and eight months then ended in accordance with the income tax basis of accounting, and for determining that the income tax basis of accounting is an acceptable financial reporting framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the income tax basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all the disclosures and the statements of changes in net assets ordinarily included in financial statements prepared in accordance with the income tax basis of accounting. If the omitted disclosures and statements of changes in net assets were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, net assets, revenues, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to the Sheridan County Memorial Hospital Foundation.

The accompanying financial statements and our compilation report are for Sheridan County Memorial Hospital Foundation's board of directors and management only and should not be used or relied upon by any other party for any purpose. Additional users of these financial statements and compilation report are hereby advised that the liability of Mohatt, Johnson & Godwin, LLP to third party users who use or rely on this information may be limited pursuant to 1995 Wyo. Sess. Laws, Chapter 155 Creating Wyo. §33-3-201.

Mohatt, Johnson & Godwin, LLP
Sheridan, WY
March 5, 2025

Sheridan County Memorial Hospital Foundation

Statements of Assets, Liabilities, and Net Assets - Tax Basis

As of February 28, 2025

	TOTAL			
	AS OF FEB 28, 2025	AS OF FEB 29, 2024 (PY)	CHANGE	% CHANGE
ASSETS				
Current Assets				
Bank Accounts				
CD - HOSPICE - FFSB	0.00	250,000.00	-250,000.00	-100.00 %
CD - HOSPICE - FFSB - 2024	0.00	200,000.00	-200,000.00	-100.00 %
OPERATIONS CHKG #6721 18-FFSB	64,972.29	10,200.45	54,771.84	536.96 %
PROGRAM CHKG #03-930011-16	0.00	0.00	0.00	
TEMP RESTRICTED PROGRAM FUNDS				
Cancer Center	0.00	0.00	0.00	
WCC Breast Boutique	0.00	0.00	0.00	
Navigation Support	1,073.07	0.00	1,073.07	
Total WCC Breast Boutique	1,073.07	0.00	1,073.07	
WCC General Donations	71,550.66	16,611.21	54,939.45	330.74 %
WCC Patient Comfort Care	226,941.20	235,805.43	-8,864.23	-3.76 %
Total Cancer Center	299,564.93	252,416.64	47,148.29	18.68 %
Cancer Screening	0.00	0.00	0.00	
Cancer Screening Early Detect	26,270.80	39,580.00	-13,309.20	-33.63 %
Total Cancer Screening	26,270.80	39,580.00	-13,309.20	-33.63 %
Cardiac Care	0.00	12,340.00	-12,340.00	-100.00 %
Clinical Ed Endowment Income	30,123.38	28,413.18	1,710.20	6.02 %
Clinical Education Endowment	5,100.00	0.00	5,100.00	
COVID-19 Fund (deleted)	0.00	701.69	-701.69	-100.00 %
Diabetes Support	57,506.92	62,526.92	-5,020.00	-8.03 %
Dialysis Unit	0.00	0.00	0.00	
Bishop Dialysis Endowment Distr	23,412.44	0.00	23,412.44	
Dialysis General Donations	22,690.28	22,690.28	0.00	0.00 %
Total Dialysis Unit	46,102.72	22,690.28	23,412.44	103.18 %
Emergency Department	8,034.91	7,051.02	983.89	13.95 %
Equipment	8,000.00	3,311.00	4,689.00	141.62 %
GAP Program	47,904.01	46,772.68	1,131.33	2.42 %
Golf Tournament	9,500.00	13,514.29	-4,014.29	-29.70 %
Greenhouse				
June's Education Fund	8,194.84		8,194.84	
Total Greenhouse	8,194.84		8,194.84	
Growing For You				
Behavioral Health Phase	300,000.00		300,000.00	
Growing for You	36,336.54	2,456,715.44	-2,420,378.90	-98.52 %

Sheridan County Memorial Hospital Foundation

Statements of Assets, Liabilities, and Net Assets - Tax Basis

As of February 28, 2025

	TOTAL			
	AS OF FEB 28, 2025	AS OF FEB 29, 2024 (PY)	CHANGE	% CHANGE
Total Growing For You	336,336.54	2,456,715.44	-2,120,378.90	-86.31 %
Healthy Garden	2,403.11	3,094.04	-690.93	-22.33 %
Home Care	1,925.00	1,925.00	0.00	0.00 %
Hospice of The Big Horns	493,789.11	40,862.94	452,926.17	1,108.40 %
Husman Trust	641.65	0.00	641.65	
Husman Cardiology	6,408.00	0.00	6,408.00	
Total Husman Trust	7,049.65	0.00	7,049.65	
Pediatric Donations	7,650.04	7,650.04	0.00	0.00 %
Program Services Funds Approved - Awaiting Distribution	111,140.70	500,000.00	-388,859.30	-77.77 %
T.C.U.	20,974.21	33,710.93	-12,736.72	-37.78 %
The Link - Partners in Pink	7,600.00	5,290.00	2,310.00	43.67 %
Urgent Care	3,460.00	3,460.00	0.00	0.00 %
Wound Care Clinic	9,923.01	12,643.21	-2,720.20	-21.52 %
Total TEMP RESTRICTED PROGRAM FUNDS	1,548,553.88	3,554,669.30	-2,006,115.42	-56.44 %
UNRESTRICTED PROGRAM FUNDS	0.00	0.00	0.00	
Board Designated				
Partner Program	0.00	0.00	0.00	
2024 Partner Program (deleted)	0.00	8,837.00	-8,837.00	-100.00 %
2025 Partner Program	8,054.00		8,054.00	
Total Partner Program	8,054.00	8,837.00	-783.00	-8.86 %
Total Board Designated	8,054.00	8,837.00	-783.00	-8.86 %
Membership Fund	49,868.13	145,667.93	-95,799.80	-65.77 %
TR Interest	82,523.64	168,861.95	-86,338.31	-51.13 %
Transfer for Operations	0.00	-342.30	342.30	100.00 %
Unrestricted-Greatest Need	287,382.18	919,452.13	-632,069.95	-68.74 %
Total UNRESTRICTED PROGRAM FUNDS	427,827.95	1,242,476.71	-814,648.76	-65.57 %
Total PROGRAM CHKG #03-930011-16	1,976,381.83	4,797,146.01	-2,820,764.18	-58.80 %
Total Bank Accounts	\$2,041,354.12	\$5,257,346.46	\$- 3,215,992.34	-61.17 %
Total Current Assets	\$2,041,354.12	\$5,257,346.46	\$- 3,215,992.34	-61.17 %
Other Assets				
Allowance for Doubtful Accounts				
Pledge NPV Allowance	-277,253.00	-56,533.00	-220,720.00	-390.43 %
Total Allowance for Doubtful Accounts	-277,253.00	-56,533.00	-220,720.00	-390.43 %

Sheridan County Memorial Hospital Foundation

Statements of Assets, Liabilities, and Net Assets - Tax Basis

As of February 28, 2025

	TOTAL			
	AS OF FEB 28, 2025	AS OF FEB 29, 2024 (PY)	CHANGE	% CHANGE
DAD Bishop Dialysis Endowment	-46,552.82	-23,140.38	-23,412.44	-101.18 %
Bishop Endowment Income	-29,325.68	-46,650.98	17,325.30	37.14 %
Endowment Principal	366,485.49	366,485.49	0.00	0.00 %
Realized Gain (Loss)	234,027.13	211,094.97	22,932.16	10.86 %
Unrealized Gain (Loss)	97,801.65	71,759.34	26,042.31	36.29 %
Total DAD Bishop Dialysis Endowment	622,435.77	579,548.44	42,887.33	7.40 %
DAD Gifting Account	0.53	0.00	0.53	
DAD Lorraine S Husman Trust	1,517.97	1,517.97	0.00	0.00 %
DAD Husman Trust - Cardiac Care Principal	206,656.98	206,656.98	0.00	0.00 %
DAD Husman Trust - Dialysis Principal	3,841,090.72	3,841,090.72	0.00	0.00 %
DAD Husman Trust Income	-750,553.38	-878,049.69	127,496.31	14.52 %
Realized Gain (Loss)	1,646,170.94	1,516,623.70	129,547.24	8.54 %
Unrealized Gain (Loss)	1,495,843.12	1,000,455.17	495,387.95	49.52 %
Total DAD Lorraine S Husman Trust	6,440,726.35	5,688,294.85	752,431.50	13.23 %
DAD Nsg Educational Endowment	-65,017.67	-31,731.01	-33,286.66	-104.90 %
Realized Gain (Loss)	319,659.80	288,852.67	30,807.13	10.67 %
Scholarship Endowment Princ	101,325.00	101,325.00	0.00	0.00 %
CATO Scholarship Endowment	100,000.00	100,000.00	0.00	0.00 %
Scholarship Endowment General	449,176.30	449,176.30	0.00	0.00 %
Total Scholarship Endowment Princ	650,501.30	650,501.30	0.00	0.00 %
Scholarship Income	-99,313.24	-122,801.38	23,488.14	19.13 %
Unrealized Gain (Loss)	167,845.97	103,881.33	63,964.64	61.57 %
Total DAD Nsg Educational Endowment	973,676.16	888,702.91	84,973.25	9.56 %
FIB Investment Account	0.00	0.00	0.00	
FIB Investments - Other	2,046,516.41	1,927,641.02	118,875.39	6.17 %
Graham Endowment	100,000.00	100,000.00	0.00	0.00 %
Unrestricted Endowment	2,015.18	2,015.18	0.00	0.00 %
Total FIB Investment Account	2,148,531.59	2,029,656.20	118,875.39	5.86 %
FIB-Investment- Operating Fund	171,761.77	423,874.92	-252,113.15	-59.48 %
Operating Fund Income	689,661.52	651,599.33	38,062.19	5.84 %
Realized Gain (Loss)	61,414.05	-33,756.78	95,170.83	281.93 %
Unrealized Gain (Loss)	-2,165.50	-27,595.72	25,430.22	92.15 %
Total FIB-Investment- Operating Fund	920,671.84	1,014,121.75	-93,449.91	-9.21 %
Husman Trust - Other Assets				
Husman Mineral and Other Proper	7,759.00	7,759.00	0.00	0.00 %
Total Husman Trust - Other Assets	7,759.00	7,759.00	0.00	0.00 %
Minerals	10.00	10.00	0.00	0.00 %

Sheridan County Memorial Hospital Foundation

Statements of Assets, Liabilities, and Net Assets - Tax Basis

As of February 28, 2025

	TOTAL			
	AS OF FEB 28, 2025	AS OF FEB 29, 2024 (PY)	CHANGE	% CHANGE
Pledges Receivable				
Pldgs Rec - Golf Tournament	2,000.00	0.00	2,000.00	
Pldgs Rec - Growing for You	2,108,271.01	1,351,270.00	757,001.01	56.02 %
Pldgs Rec - Membership Fund	1,000.00	0.00	1,000.00	
Pldgs Rec - Transitional Care	61,545.94	760,810.45	-699,264.51	-91.91 %
Pldgs Rec - Unrestricted-Great	0.00	7,125.00	-7,125.00	-100.00 %
Pldgs Rec -The Link Partners	5,500.00	0.00	5,500.00	
Total Pledges Receivable	2,178,316.95	2,119,205.45	59,111.50	2.79 %
Total Other Assets	\$13,014,875.19	\$12,270,765.60	\$744,109.59	6.06 %
TOTAL ASSETS	\$15,056,229.31	\$17,528,112.06	\$-2,471,882.75	-14.10 %
LIABILITIES AND EQUITY				
Liabilities				
Total Liabilities			\$0.00	0.00%
Equity				
Permanent Restricted Net Assets	1,115,452.00	1,100,161.00	15,291.00	1.39 %
Restricted Net Assets	10,722,488.00	10,806,332.00	-83,844.00	-0.78 %
Retained Earnings	0.00	0.00	0.00	
Unrestricted Net Assets	4,597,863.33	4,169,060.81	428,802.52	10.29 %
Net Income	-1,379,574.02	1,452,558.25	-2,832,132.27	-194.98 %
Total Equity	\$15,056,229.31	\$17,528,112.06	\$-2,471,882.75	-14.10 %
TOTAL LIABILITIES AND EQUITY	\$15,056,229.31	\$17,528,112.06	\$-2,471,882.75	-14.10 %

Sheridan County Memorial Hospital Foundation
Statements of Support, Revenue & Expenses - Income Tax Basis
February 2025

		TOTAL		
	FEB 2025	FEB 2024 (PY)	CHANGE	% CHANGE
Income				
Budget Transfer Operating Funds				
Budgeted Operating Transfers	40,000.00		40,000.00	
BudgetTransf Oprtn-Invest Fund	-40,000.00		-40,000.00	
Total Budget Transfer Operating Funds	0.00		0.00	
DONATIONS - New Cash/New Pledge				
Donations - Cardiac Care		40.00	-40.00	-100.00 %
Donations - Equipment	8,000.00		8,000.00	
Donations - Growing for You	12,100.00	102,000.00	-89,900.00	-88.14 %
Donations - Hospice		1,210.00	-1,210.00	-100.00 %
Donations - Membership Fund	2,250.00	800.00	1,450.00	181.25 %
Donations - Partner Program	4,043.00	4,408.00	-365.00	-8.28 %
Donations - Pediatric Unit		1,000.00	-1,000.00	-100.00 %
Donations - TCU		100.00	-100.00	-100.00 %
Donations - The Link	100.00		100.00	
Donations - Transitional Care	-480.75		-480.75	
Donations - Unrestricted Great	2,132.00	5,525.00	-3,393.00	-61.41 %
Donations - Welch Cancer Ctr	420.00	30.00	390.00	1,300.00 %
Total DONATIONS - New Cash/New Pledge	28,564.25	115,113.00	-86,548.75	-75.19 %
INVESTMENT INCOME				
Dividends - DAD Husman TR Cardi	4,458.06	5,164.47	-706.41	-13.68 %
Dividends - FIB	1,958.37	1,602.69	355.68	22.19 %
Dividends - FIB Operating Fd	3,170.45	4,319.99	-1,149.54	-26.61 %
Dividends -Scholarship Fun	1,327.58	1,311.48	16.10	1.23 %
Dividends- Bishop Endowment	845.06	880.71	-35.65	-4.05 %
Interest - Bishop Endowment FF	4.69	9.54	-4.85	-50.84 %
Interest - DAD Husman TR - Card	52.53	98.67	-46.14	-46.76 %
Interest - First Federal Saving	6,335.16	17,858.98	-11,523.82	-64.53 %
Interest - Scholarship	7.04	50.01	-42.97	-85.92 %
Interest Operational	131.98	144.98	-13.00	-8.97 %
Total INVESTMENT INCOME	18,290.92	31,441.52	-13,150.60	-41.83 %
1 Total Income	\$46,855.17	\$146,554.52	\$-99,699.35	-68.03 %
GROSS PROFIT	\$46,855.17	\$146,554.52	\$-99,699.35	-68.03 %
Expenses				
FUND RAISING EXPENDITURES				
Annual Special Events				
The Link-Partners in Pink		125.00	-125.00	-100.00 %
Total Annual Special Events		125.00	-125.00	-100.00 %
Behavioral Health		5,035.00	-5,035.00	-100.00 %
3 Total FUND RAISING EXPENDITURES	\$0	5,160.00	-5,160.00	-100.00 %

Sheridan County Memorial Hospital Foundation
Statements of Support, Revenue & Expenses - Income Tax Basis
February 2025

	TOTAL			
	FEB 2025	FEB 2024 (PY)	CHANGE	% CHANGE
MANAGEMENT & GENERAL OPERATIONS				
Accounting		2,150.00	-2,150.00	-100.00 %
Credit Card Fees	177.06	20.79	156.27	751.66 %
Investment Service Fees				
FIB - Investments	1,073.80	939.28	134.52	14.32 %
FIB - Opertaing Fund	471.11	481.28	-10.17	-2.11 %
Total Investment Service Fees	1,544.91	1,420.56	124.35	8.75 %
Office Expenses				
Postage and Delivery	99.56	436.00	-336.44	-77.17 %
Printing and Reproduction	50.45	230.14	-179.69	-78.08 %
Supplies/Other	10.87	1,206.21	-1,195.34	-99.10 %
Total Office Expenses	160.88	1,872.35	-1,711.47	-91.41 %
Professional Fees		-125.00	125.00	100.00 %
Dues	400.00	2,087.00	-1,687.00	-80.83 %
Total Professional Fees	400.00	1,962.00	-1,562.00	-79.61 %
Professional Fees for Services	28,066.52	31,041.97	-2,975.45	-9.59 %
Recognition Program				
Donor Recognition Expenses	236.92	731.77	-494.85	-67.62 %
Partner Program	399.52		399.52	
Total Recognition Program	636.44	731.77	-95.33	-13.03 %
Volunteer Programs	195.76	261.22	-65.46	-25.06 %
4 Total MANAGEMENT & GENERAL OPERATIONS	31,181.57	39,460.66	-8,279.09	-20.98 %
PROGRAM SERVICES EXPENDITURES				
Donation Expenditures				
Auxiliary Expenditures	70.00	-60.00	130.00	216.67 %
Behavioral Health	4,000.00	229,041.42	-225,041.42	-98.25 %
Cancer Center				
CC General Donation Expenditure	1,582.40	5,000.00	-3,417.60	-68.35 %
Total Cancer Center	1,582.40	5,000.00	-3,417.60	-68.35 %
Cancer Screening Mamography Grt		2,497.95	-2,497.95	-100.00 %
COVID-19		550.55	-550.55	-100.00 %
GAP		48.75	-48.75	-100.00 %
Greenhouse	2,505.16		2,505.16	
Hospice		478.00	-478.00	-100.00 %
Nursing Clinical Education 7/06		2,605.93	-2,605.93	-100.00 %
Other Miscellaneous Service Cost	8,260.30		8,260.30	
TCU	25,000.00		25,000.00	
Unrestricted Donations				
Special Projects		66,023.79	-66,023.79	-100.00 %
Total Unrestricted Donations		66,023.79	-66,023.79	-100.00 %

Sheridan County Memorial Hospital Foundation

Statements of Support, Revenue & Expenses - Income Tax Basis

February 2025

	TOTAL			
	FEB 2025	FEB 2024 (PY)	CHANGE	% CHANGE
Total Donation Expenditures	41,417.86	306,186.39	-264,768.53	-86.47 %
5 Total PROGRAM SERVICES EXPENDITURES	41,417.86	306,186.39	-264,768.53	-86.47 %
Total Expenses	\$72,599.43	\$350,807.05	\$ -278,207.62	-79.31 %
NET OPERATING INCOME	\$ -25,744.26	\$ -204,252.53	\$178,508.27	87.40 %
Other Income				
Other Investment Income				
Bishop Endowment Fd				
Unrealized Gains/Losses	2,223.84	10,889.37	-8,665.53	-79.58 %
Total Bishop Endowment Fd	2,223.84	10,889.37	-8,665.53	-79.58 %
DAD - Husman Trust -Cardiac				
Unrealized Gains/Losses	-23,906.76	172,963.17	-196,869.93	-113.82 %
Total DAD - Husman Trust -Cardiac	-23,906.76	172,963.17	-196,869.93	-113.82 %
FIB - Investment Account				
Realized Gains/Losses	128.68	17.94	110.74	617.28 %
Unrealized Gains/Losses	-1,967.89	64,089.86	-66,057.75	-103.07 %
Total FIB - Investment Account	-1,839.21	64,107.80	-65,947.01	-102.87 %
FIB - Operating Fund Investment				
Realized Gains/Losses	-1,645.22		-1,645.22	
Unrealized Gains/Losses	17,439.00	-9,390.76	26,829.76	285.70 %
Total FIB - Operating Fund Investment	15,793.78	-9,390.76	25,184.54	268.18 %
Nursing Educational Endow				
Unrealized Gains/Losses	3,478.74	16,257.56	-12,778.82	-78.60 %
Total Nursing Educational Endow	3,478.74	16,257.56	-12,778.82	-78.60 %
6 Total Other Investment Income	-4,249.61	254,827.14	-259,076.75	-101.67 %
Total Other Income	\$ -4,249.61	\$254,827.14	\$ -259,076.75	-101.67 %
NET OTHER INCOME	\$ -4,249.61	\$254,827.14	\$ -259,076.75	-101.67 %
NET INCOME	\$ -29,993.87	\$50,574.61	\$ -80,568.48	-159.31 %

Sheridan County Memorial Hospital Foundation

Statements of Support, Revenue & Expenses - Income Tax Basis

July 2024 - February 2025

	TOTAL			
	JUL 2024 - FEB 2025	JUL 2023 - FEB 2024 (PY YTD)	% OF ROW	% OF COLUMN
Income				
Budget Transfer Operating Funds				
Budgeted Operating Transfers	320,000.00	240,000.00	100.00 %	-23.20 %
BudgetTransf Oprtn-Invest Fund	-320,000.00	-240,000.00	100.00 %	23.20 %
Total Budget Transfer Operating Funds	0.00	0.00		0.00 %
DONATIONS - New Cash/New Pledge				
Donations - Auxilliary Projects	725.00	1,485.00	100.00 %	-0.05 %
Donations - Cardiac Care		340.00		
Donations - Emergency Dept	1,000.00		100.00 %	-0.07 %
Donations - Equipment	8,000.00	675,676.00	100.00 %	-0.58 %
Donations - GAP	10,533.72	5,116.00	100.00 %	-0.76 %
Donations - Golf Tournament	9,500.00	10,033.34	100.00 %	-0.69 %
Donations - Greenhouse	10,700.00		100.00 %	-0.78 %
Donations - Growing for You	1,259,141.97	1,552,984.12	100.00 %	-91.27 %
Donations - Hospice	5,070.00	5,930.00	100.00 %	-0.37 %
Donations - Husman Trust	387.60	432.47	100.00 %	-0.03 %
Donations - Membership Fund	22,050.00	29,283.35	100.00 %	-1.60 %
Donations - Nrsing Schlrsp End		15,000.00		
Donations - Nursing Clinical Ed	20,100.00	100.00	100.00 %	-1.46 %
Donations - Partner Program	33,449.00	35,377.00	100.00 %	-2.42 %
Donations - Pediatric Unit		1,000.00		
Donations - TCU	0.00	12,572.62		0.00 %
Donations - The Link	60,401.61	55,371.97	100.00 %	-4.38 %
Donations - Transitional Care	-480.75		100.00 %	0.03 %
Donations - Unrestricted Great	202,733.83	393,775.65	100.00 %	-14.70 %
Donations - Welch Cancer Ctr	33,930.00	24,018.00	100.00 %	-2.46 %
Donations - Wyoming Rehab				
Donations - Wound Care Clinic	250.00	500.00	100.00 %	-0.02 %
Total Donations - Wyoming Rehab	250.00	500.00	100.00 %	-0.02 %
Total DONATIONS - New Cash/New Pledge	1,677,491.98	2,818,995.52	100.00 %	-121.59 %
INVESTMENT INCOME				
Dividends - DAD Husman TR Cardi	88,282.88	50,574.53	100.00 %	-6.40 %
Dividends - DAD Husman TR Dialy		40,789.76		
Dividends - FIB	37,719.82	43,417.04	100.00 %	-2.73 %

Sheridan County Memorial Hospital Foundation
Statements of Support, Revenue & Expenses - Income Tax Basis
July 2024 - February 2025

	TOTAL			
	JUL 2024 - FEB 2025	JUL 2023 - FEB 2024 (PY YTD)	% OF ROW	% OF COLUMN
Dividends - FIB Operating Fd	28,150.98	30,545.42	100.00 %	-2.04 %
Dividends -Scholarship Fun	18,634.33	17,381.07	100.00 %	-1.35 %
Dividends- Bishop Endowment	12,078.89	11,814.78	100.00 %	-0.88 %
Interest - Bishop Endowment FF	55.54	72.32	100.00 %	-0.00 %
Interest - DAD Gifting	142.92		100.00 %	-0.01 %
Interest - DAD Husman TR - Card	625.29	296.05	100.00 %	-0.05 %
Interest - DAD Husman TR Dialys		464.88		
Interest - First Federal Saving	87,917.73	151,175.22	100.00 %	-6.37 %
Interest - Scholarship	91.95	135.07	100.00 %	-0.01 %
Interest Operational	1,969.94	3,221.82	100.00 %	-0.14 %
Other Invest ment Income		6.72		
Total INVESTMENT INCOME	275,670.27	349,894.68	100.00 %	-19.98 %
Total Income	\$1,953,162.25	\$3,168,890.20	100.00 %	-141.58 %
GROSS PROFIT	\$1,953,162.25	\$3,168,890.20	100.00 %	-141.58 %
Expenses				
FUND RAISING EXPENDITURES				
Annual Special Events				
Foundation Benefit				
Spring Benefit				
Food	250.00		100.00 %	-0.02 %
Total Spring Benefit	250.00		100.00 %	-0.02 %
Total Foundation Benefit	250.00		100.00 %	-0.02 %
Golf Tournament	186.13	16,740.70	100.00 %	-0.01 %
The Link-Partners in Pink	3,300.00	562.05	100.00 %	-0.24 %
Advertising	4,280.25	2,102.00	100.00 %	-0.31 %
Decorations	338.61	8.47	100.00 %	-0.02 %
Food	530.08	104.61	100.00 %	-0.04 %
Participant Gear & Concession	6,795.10	11,515.66	100.00 %	-0.49 %
Postage & Delivery	528.96	549.12	100.00 %	-0.04 %
Printing	1,900.39	1,661.00	100.00 %	-0.14 %
The Link - Race Support	3,286.23	3,565.19	100.00 %	-0.24 %
Total The Link-Partners in Pink	20,959.62	20,068.10	100.00 %	-1.52 %
Total Annual Special Events	21,395.75	36,808.80	100.00 %	-1.55 %
Behavioral Health	13,153.43	5,790.48	100.00 %	-0.95 %
TCU Campaign		1,646.50		
Total FUND RAISING EXPENDITURES	34,549.18	44,245.78	100.00 %	-2.50 %

Sheridan County Memorial Hospital Foundation

Statements of Support, Revenue & Expenses - Income Tax Basis

July 2024 - February 2025

	TOTAL			
	JUL 2024 - FEB 2025	JUL 2023 - FEB 2024 (PY YTD)	% OF ROW	% OF COLUMN
MANAGEMENT & GENERAL OPERATIONS	0.00			0.00 %
Accounting	3,300.00	6,450.00	100.00 %	-0.24 %
Advertising & Marketing	1,635.00	1,635.00	100.00 %	-0.12 %
Bank Service Charges	7.00		100.00 %	-0.00 %
Credit Card Fees	1,408.19	912.67	100.00 %	-0.10 %
Insurance	800.00	800.00	100.00 %	-0.06 %
Investment Service Fees				
Bishop Endowment Fd	2,268.94	2,063.07	100.00 %	-0.16 %
DAD - Husman TR - Dialysis		7,250.21		
DAD - Husman Trust - Cardiac	23,048.99	8,353.58	100.00 %	-1.67 %
FIB - Investments	8,178.32	7,866.46	100.00 %	-0.59 %
FIB - Opertaing Fund	2,958.27	3,686.34	100.00 %	-0.21 %
Nursing Scholarship Endow	3,491.12	3,027.72	100.00 %	-0.25 %
Total Investment Service Fees	39,945.64	32,247.38	100.00 %	-2.90 %
Office Expenses	102.65		100.00 %	-0.01 %
Computer Support	16,737.29	16,424.30	100.00 %	-1.21 %
Postage and Delivery	1,873.11	4,092.84	100.00 %	-0.14 %
Printing and Reproduction	525.25	5,242.17	100.00 %	-0.04 %
Supplies/Other	2,199.35	2,763.82	100.00 %	-0.16 %
Total Office Expenses	21,437.65	28,523.13	100.00 %	-1.55 %
Professional Fees		0.00		
Dues	1,572.25	2,684.00	100.00 %	-0.11 %
Education/Seminars	2,082.45	5,039.98	100.00 %	-0.15 %
Legal Fees	625.00	2,120.00	100.00 %	-0.05 %
Total Professional Fees	4,279.70	9,843.98	100.00 %	-0.31 %
Professional Fees for Services	225,443.91	198,440.42	100.00 %	-16.34 %
Recognition Program				
Donor Recognition Expenses	2,870.44	3,438.86	100.00 %	-0.21 %
Partner Program	6,684.73	3,383.15	100.00 %	-0.48 %
Special Events		473.30		
Annual Meeting	380.50	0.00	100.00 %	-0.03 %
Total Special Events	380.50	473.30	100.00 %	-0.03 %
Total Recognition Program	9,935.67	7,295.31	100.00 %	-0.72 %
Travel Expenses	1,809.41		100.00 %	-0.13 %
Volunteer Programs	1,002.87	1,458.72	100.00 %	-0.07 %
Total MANAGEMENT & GENERAL OPERATIONS	311,005.04	287,606.61	100.00 %	-22.54 %

Sheridan County Memorial Hospital Foundation

Statements of Support, Revenue & Expenses - Income Tax Basis

July 2024 - February 2025

	TOTAL			
	JUL 2024 - FEB 2025	JUL 2023 - FEB 2024 (PY YTD)	% OF ROW	% OF COLUMN
PROGRAM SERVICES EXPENDITURES				
Donation Expenditures				
Auxiliary Expenditures	785.00	3,374.50	100.00 %	-0.06 %
Behavioral Health	2,424,738.15	287,265.86	100.00 %	-175.76 %
Cancer Center	20,094.00	2,445.74	100.00 %	-1.46 %
CC General Donation Expenditure	72,645.54	10,000.00	100.00 %	-5.27 %
Total Cancer Center	92,739.54	12,445.74	100.00 %	-6.72 %
Cancer Screening Mamography Grt	5,587.60	3,221.42	100.00 %	-0.41 %
COVID-19		1,922.63		
Diabetes Education & Support	3,321.00		100.00 %	-0.24 %
Dialysis Unit				
Bishop Endowment Distributions		46,636.18		
Total Dialysis Unit		46,636.18		
Donation Exp - Patient Care		798.00		
Emergency Department		0.00		
GAP	8,000.00	5,644.04	100.00 %	-0.58 %
Greenhouse	2,505.16		100.00 %	-0.18 %
Hospice	23,329.31	6,066.22	100.00 %	-1.69 %
Nursing Clinical Education 7/06	39,280.84	53,028.73	100.00 %	-2.85 %
Nursing Scholarship Endowment	19,013.00	-18,388.78	100.00 %	-1.38 %
Other Miscellaneous Service Cost	8,260.30		100.00 %	-0.60 %
Pulmonary Rehab	61,493.80		100.00 %	-4.46 %
TCU	487,000.00	404,336.18	100.00 %	-35.30 %
Unrestricted Donations	31.50		100.00 %	-0.00 %
Equipment		550,400.00		
Special Projects	499,084.97	686,349.91	100.00 %	-36.18 %
Total Unrestricted Donations	499,116.47	1,236,749.91	100.00 %	-36.18 %
Wound Care	2,970.20		100.00 %	-0.22 %
Total Donation Expenditures	3,678,140.37	2,043,100.63	100.00 %	-266.61 %
MRI Equipment & Suite		2,000.00		
Total PROGRAM SERVICES EXPENDITURES	3,678,140.37	2,045,100.63	100.00 %	-266.61 %
Total Expenses	\$4,023,694.59	\$2,376,953.02	100.00 %	-291.66 %
NET OPERATING INCOME	\$-2,070,532.34	\$791,937.18	100.00 %	150.08 %
Other Income				
Other Investment Income				
Bishop Endowment Fd				
Realized Gains/Losses	20,657.80	9,948.40	100.00 %	-1.50 %
Unrealized Gains/Losses	14,143.47	26,107.70	100.00 %	-1.03 %
Total Bishop Endowment Fd	34,801.27	36,056.10	100.00 %	-2.52 %

Sheridan County Memorial Hospital Foundation
Statements of Support, Revenue & Expenses - Income Tax Basis
July 2024 - February 2025

	TOTAL			
	JUL 2024 - FEB 2025	JUL 2023 - FEB 2024 (PY YTD)	% OF ROW	% OF COLUMN
DAD - Husman - Dialysis				
Realized Gain (Loss) - Dialysis		105,654.51		
Unrealized Gain (Loss)		-53,216.31		
Total DAD - Husman - Dialysis		52,438.20		
DAD - Husman Trust -Cardiac				
Realized Gains/Losses	129,125.65	29,618.85	100.00 %	-9.36 %
Unrealized Gains/Losses	326,580.28	336,807.96	100.00 %	-23.67 %
Total DAD - Husman Trust -Cardiac	455,705.93	366,426.81	100.00 %	-33.03 %
FIB - Investment Account				
Realized Gains/Losses	85,613.96	157,242.60	100.00 %	-6.21 %
Unrealized Gains/Losses	28,961.23	-6,004.90	100.00 %	-2.10 %
Total FIB - Investment Account	114,575.19	151,237.70	100.00 %	-8.31 %
FIB - Operating Fund Investment	-2,113.15		100.00 %	0.15 %
Realized Gains/Losses	-6,888.01	-15,512.28	100.00 %	0.50 %
Unrealized Gains/Losses	26,406.36	16,766.77	100.00 %	-1.91 %
Total FIB - Operating Fund Investment	17,405.20	1,254.49	100.00 %	-1.26 %
Nursing Educational Endow				
Realized Gains/Losses	27,818.52	12,751.80	100.00 %	-2.02 %
Unrealized Gains/Losses	40,996.24	40,455.97	100.00 %	-2.97 %
Total Nursing Educational Endow	68,814.76	53,207.77	100.00 %	-4.99 %
Realized Gain/Loss - Stock Gift	-344.03		100.00 %	0.02 %
Unrealized Gain/Loss Gifting Account	0.00			0.00 %
Total Other Investment Income	690,958.32	660,621.07	100.00 %	-50.08 %
Total Other Income	\$690,958.32	\$660,621.07	100.00 %	-50.08 %
NET OTHER INCOME	\$690,958.32	\$660,621.07	100.00 %	-50.08 %
NET INCOME	\$-1,379,574.02	\$1,452,558.25	100.00 %	100.00 %

Note

For the eight months ended 02/28/2025 and 2024