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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)

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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 04-01-2014 , and ending 03-31-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FREEMAN HEALTH SYSTEM		<b>D</b> Employer identification number  43-1704371
	% STEVE GRADDY Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  (417) 347-1111
	1102 W 32ND STREET		
	City or town, state or province, country, and ZIP or foreign postal code JOPLIN, MO 64804		<b>G</b> Gross receipts \$ 521,252,585
<b>F</b> Name and address of principal officer PAULA BAKER 1102 WEST 32ND STREET JOPLIN,MO 64804			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀(insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: ▶ WWW.FREEMANHEALTH.COM		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1922	<b>M</b> State of legal domicile MO

Part I

Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities FREEMAN HEALTH SYSTEM PROVIDES WORLD-CLASS, COMPASSIONATE HEALTHCARE SERVICES WHERE IT MATTERS MOST, CLOSE TO HOME SEE SCHEDULE O FOR ADDITIONAL INFORMATION	
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .
		<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶593,320	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) . . . . .	
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	

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		2016-02-11 Date		
	STEVE GRADDY CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Brian D Todd	Preparer's signature Brian D Todd	Date	Check <input type="checkbox"/> if self-employed	PTIN P00422601
	Firm's name ▶ BKD LLP			Firm's EIN ▶	
	Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190  SPRINGFIELD, MO 658062523			Phone no (417) 865-8701	

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

THE MISSION OF FREEMAN HEALTH SERVICES IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH CONTEMPORARY, INNOVATIVE, QUALITY HEALTHCARE SOLUTIONS

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 \$ 218,162,400 including grants of \$ 5,752,635 ) (Revenue \$ 258,940,933 )

FREEMAN OFFERS OUTPATIENT SERVICES INCLUDING CANCER CARE, EMERGENCY MEDICINE, WOMEN'S SERVICES, GASTROENTEROLOGY, DIALYSIS, WOUND CARE, NEUROLOGY, ORTHOPAEDICS, OTOLARYNGOLOGY, GERIATRIC CARE, PHARMACIES, WALK-IN CLINICS, HOME CARE, OCCUPATIONAL MEDICINE, OUTPATIENT SURGERY, REHABILITATION THERAPIES, HEART AND VASCULAR SERVICES, RADIOLOGY, LABORATORY SERVICES, AND MORE SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4b

(Code ) (Expenses \$ 195,234,734 including grants of \$ ) (Revenue \$ 212,872,625 )

THROUGH TWO JOPLIN HOSPITALS, FREEMAN PROVIDES A WIDE ARRAY OF INPATIENT SERVICES FREEMAN PROVIDES SERVICES TO PATIENTS THROUGH GENERAL MEDICAL, GENERAL SURGERY, ORTHOPAEDIC, NEUROSURGERY, CARDIOVASCULAR, CARDIAC/MEDICAL, ONCOLOGY, CRITICAL CARE (INTENSIVE AND TRANSITIONAL), NICU (NEONATAL ICU), MATERNAL, PEDIATRIC, PSYCHIATRIC, GERIATRIC PSYCHIATRIC AND PHYSICAL REHABILITATION UNITS SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4c

(Code ) (Expenses \$ 19,323,582 including grants of \$ ) (Revenue \$ 30,980,138 )

FREEMAN CANCER INSTITUTE PROVIDES PHYSICAL AND EMOTIONAL CARE FOR PATIENTS AND FAMILIES THROUGH COMPREHENSIVE SERVICES AND THE MOST UP-TO-DATE TECHNOLOGICAL ADVANCES, ALL LOCATED IN ONE CONVENIENT AND COMFORTABLE SETTING FREEMAN CANCER INSTITUTE ACCEPTS MEDICAID AND MEDICARE PATIENTS AFTER THE MAY 2011 TORNADO, A MAJOR CANCER TREATMENT PRACTICE IN JOPLIN DECIDED NOT TO REBUILD AND CLOSED ITS TREATMENT FACILITY FREEMAN CANCER INSTITUTE TOOK IN MOST OF THOSE PATIENTS AND HIRED TWO NEW ONCOLOGY/HEMATOLOGY SPECIALISTS TO HELP MEET THE NEEDS OF THE COMMUNITY SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e
























Total program service expenses ▶

432,720,716

Form 990 (2014)

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 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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 	3	No
4 <b>Section 501(c)(3) organizations.</b> 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 	4 Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
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 	6	No
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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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 	11a Yes	
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 	11b	No
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 	11c	No
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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	14b	No
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	15	No
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	16	No
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) 	17	No
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 	18 Yes	
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 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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> . . . . .	22	Yes	
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> . . . . .	23	Yes	
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> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a		No
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> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
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> . . . . .	33	Yes	
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> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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)?		No
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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	12	
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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	8	
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	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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 in Schedule O . . . . .	9	No

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	No
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	Yes
b	Describe in 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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
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	Yes
b	Other officers or key employees of the organization . . . . .	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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	Yes
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	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in 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 ▶STEVE GRADDY 1102 WEST 32ND STREET JOPLIN, MO 64804 (417) 347-6678

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			



## Part VII

[illegible]

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	12,632,040	250,191	1,339,884

**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 ▶ 271

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## 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
CROTHALL SERVICES GROUP,	HOUSEKEEPING	5,391,904
GATEWAY EMERGENCY PHYSICIANS LLP,	EMERGENCY PHYSICIANS	4,673,701
SUPERIOR LINEN SERVICE INC.,	LINEN SERVICE	1,044,469
MORRISON MGT SPECIALISTS INC.,	NUTRITION MANAGEMENT	870,718
CHOICE MARKETING LLC,	MARKETING	463,583

**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 ▶30

Part VIII

Statement of Revenue

Check 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	21,210			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e	440,551			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,863,234			
	g	Noncash contributions included in lines 1a-1f \$	401,496			
	h	Total. Add lines 1a-1f . . . . .	2,324,995			
Program Service Revenue	2a	PATIENT SERVICES	621990	473,038,163	473,038,163	
	b	CAFETERIA & VENDING	722210	2,533,565	2,533,565	
	c	RENT FROM AFFILIATES	531390	117,429	117,429	
	d	UNRELATED RETAIL PHARMACY	446110	6,814,169	6,814,169	
	e	UNRELATED LAB SERVICES	621500	351,973	351,973	
	f	All other program service revenue		19,938,397	14,822,625	5,115,772
	g	Total. Add lines 2a-2f . . . . .	502,793,696			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	2,854,377			2,854,377
	4	Income from investment of tax-exempt bond proceeds . . . . .	221,813			221,813
	5	Royalties . . . . .	0			
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses	2,342,391			
	c	Rental income or (loss)	517,191			
	d	Net rental income or (loss) . . . . .	1,825,200	0		1,825,200
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	7,338,203	17,415		
	c	Gain or (loss)	4,870,279	6,552		
	d	Net gain or (loss) . . . . .	2,467,924	10,863		
	8a	Gross income from fundraising events (not including \$ 21,210 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . .	336,326			
	c	Net income or (loss) from fundraising events . . . . .	234,823			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
	b	Less cost of goods sold . . . . .	643,426			
	c	Net income or (loss) from sales of inventory . . . . .	368,546			
		Miscellaneous Revenue	Business Code			
	11a	GAIN ON EXTINGUISHMENT OF DEBT	900099	-512,520		-512,520
	b	INSURANCE SETTLEMENT	900099	919,722		919,722
	c	INVESTMENT IN SUBSIDIARY	900099	1,972,741	97,341	1,875,400
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .		2,379,943		
	12	Total revenue. See Instructions . . . . .	515,255,194	490,511,782	12,379,255	10,039,162

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 . . . . .	5,515,447	5,515,447		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	237,188	237,188		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	7,180,199	1,774,822	5,405,377	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	979,482	979,482		
7	Other salaries and wages . . . . .	200,413,250	175,042,519	25,009,871	360,860
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,797,094	2,505,285	291,809	
9	Other employee benefits . . . . .	23,471,269	21,154,210	2,317,059	
10	Payroll taxes . . . . .	12,076,192	10,816,336	1,259,856	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	328,098		328,098	
c	Accounting . . . . .	337,219		337,219	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees . . . . .	334,239		334,239	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	34,636,796	21,719,800	12,870,831	46,165
12	Advertising and promotion . . . . .	1,208,943	1,029,427	160,053	19,463
13	Office expenses . . . . .	16,364,609	12,490,229	3,722,386	151,994
14	Information technology . . . . .	542,920	4,930	537,990	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	8,800,053	7,236,384	1,563,669	
17	Travel . . . . .	786,385	636,701	144,416	5,268
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	783,160	572,025	203,883	7,252
20	Interest . . . . .	5,132,786	4,470,736	662,050	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	16,652,125	14,504,258	2,147,867	
23	Insurance . . . . .	7,562,005	3,843,927	3,718,078	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES & DRUGS	88,887,724	88,887,724		
b	BAD DEBT	44,949,296	44,949,296		
c	PROVIDER TAXES & FEES	14,073,693	14,073,693		
d	TAXES, LICENSES, FEES	476,332	276,135	197,879	2,318
e	All other expenses	230,377	162	230,215	
25	Total functional expenses. Add lines 1 through 24e	494,756,881	432,720,716	61,442,845	593,320
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 Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		3,435,804	1	13,928,616
	2	Savings and temporary cash investments		28,900,003	2	19,960,350
	3	Pledges and grants receivable, net		6,231,618	3	3,219,320
	4	Accounts receivable, net		62,579,519	4	60,272,467
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		1,657	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		484,740	7	285,484
	8	Inventories for sale or use		8,472,791	8	8,002,879
	9	Prepaid expenses and deferred charges		2,619,346	9	3,137,472
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a345,547,179			
	b	Less accumulated depreciation	10b204,126,389	140,585,929	10c	141,420,790
	11	Investments—publicly traded securities		126,868,251	11	154,398,383
	12	Investments—other securities See Part IV, line 11		2,495,171	12	2,585,819
	13	Investments—program-related See Part IV, line 11		2,168,141	13	2,239,710
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,496,451	15	5,824,537
	16	Total assets. Add lines 1 through 15 (must equal line 34)		390,339,421	16	415,275,827
Liabilities	17	Accounts payable and accrued expenses		45,248,579	17	53,023,993
	18	Grants payable		0	18	1,000,000
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		127,944,665	20	122,864,983
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,285,798	23	838,470
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		29,508,576	25	30,594,395
	26	Total liabilities. Add lines 17 through 25		203,987,618	26	208,321,841
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		177,752,326	27	201,344,040
	28	Temporarily restricted net assets		8,599,477	28	5,609,946
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		186,351,803	33	206,953,986
	34	Total liabilities and net assets/fund balances		390,339,421	34	415,275,827

Part XI Reconciliation of Net Assets

Check 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	515,255,194
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	494,756,881
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	20,498,313
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	186,351,803
5	Net unrealized gains (losses) on investments . . . . .	5	2,819,523
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 in Schedule O) . . . . .	9	-2,715,653
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	206,953,986

Part XII Financial Statements and Reporting

Check 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 in 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		No
2b	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	Yes	
2c	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 in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 43-1704371

Name: FREEMAN HEALTH SYSTEM

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) LANCE BESHORE PHD CHAIR	1 0 0 0	X		X				0	0	0
(1) LARRY MCINTIRE DO DIRECTOR	60 0 0 0	X						409,818	0	25,715
(2) JOHN M COX DO DIRECTOR	60 0 0 0	X						1,021,575	0	28,996
(3) RODNEY MCFARLAND MD DIRECTOR	1 0 59 0	X						0	250,191	38,527
(4) JIM ARMSTRONG SECRETARY/TREASURER	1 0 0 0	X		X				0	0	0
(5) GLENN MITCH MCCUMBER DIRECTOR	1 0 0 0	X						0	0	0
(6) J SCOTT BROTHERS VICE CHAIR	1 0 0 0	X		X				0	0	0
(7) GLENN BROWN DIRECTOR	1 0 0 0	X						0	0	0
(8) MARK WILLIAMS DIRECTOR	1 0 0 0	X						0	0	0
(9) JAMES FLEISCHAKER DIRECTOR	1 0 0 0	X						0	0	0
(10) PAULA F BAKER PRESIDENT/CEO	54 0 13 5	X		X				1,242,999	0	331,678
(11) LEANNE KAISER CARLSON DIRECTOR BEGINNING 5/14	1 0 0 0	X						0	0	0
(12) STEVE W GRADDY CFO	50 0 10 0			X				519,614	0	91,767
(13) RICHARD D SCHOOLER EXEC VP & CHIEF OP OFFICER	60 0 0 0			X				547,744	0	100,077
(14) JOE L KIRK VP ENVIRONMENTAL SRVC END 7/14	40 0 0 0				X			521,733	0	34,440
(15) MICHAEL J LEONE CONTROLLER	60 0 0 0				X			280,845	0	54,386
(16) JEFFREY M CARRIER CHIEF CLINICAL OFFICER	60 0 0 0				X			286,703	0	76,918
(17) KEVIN P GAUDETTE VP REVENUE CYCLE	60 0 0 0				X			296,071	0	55,323
(18) WESLEY B BRAMAN VP BUSINESS DEVELOPMENT	60 0 0 0				X			243,599	0	39,242
(19) SUE A ANNESSER CHIEF INFO OFFICER END 08/14	60 0 0 0				X			229,645	0	29,367
(20) COLEEN S CAMERON CHIEF NURSING AND REG OFFICER	60 0 0 0				X			185,146	0	28,688
(21) MARY A FRERER CHIEF HUMAN RESOURCE OFFICER	60 0 0 0				X			180,161	0	29,231
(22) RAYMOND VETSCH PHYSICIAN	60 0 0 0					X		1,551,082	0	212,690
(23) THOMAS B COY PHYSICIAN	60 0 0 0					X		1,446,323	0	39,472
(24) JOSHUA M BALL PHYSICIAN	60 0 0 0					X		1,298,410	0	43,877

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(26) TODD J TWISS ..... PHYSICIAN	60 0 ..... 0 0					X		1,185,233	0	43,591
(1) ROBERT C STAUFFER ..... PHYSICIAN	60 0 ..... 0 0					X		1,185,339	0	35,899

SCHEDULE A  
(Form 990 or 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
2014  
Open to Public Inspection

Name of the organization FREEMAN HEALTH SYSTEM	Employer identification number 43-1704371
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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 11, 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 )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (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		
Total						



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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five 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 . . . . .						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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			▶
b 33 1/3% support test—2013. 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			▶
17a 10%-facts-and-circumstances test—2014. 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			▶
b 10%-facts-and-circumstances test—2013. 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			▶
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			▶

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 in 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 five 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 ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. . . .	4b	
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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
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))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
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 in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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 <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
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 <b>Part VI identify those supported organizations and explain</b> 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.			
b Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
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? Provide details in Part VI.			
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.			

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 **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)	1	
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 (explain in detail in Part VI) _____		
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 1-1/2% 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 .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 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)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **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).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization FREEMAN HEALTH SYSTEM	Employer identification number 43-1704371
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-



Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?	Yes		39,465
	j Total Add lines 1c through 1i			39,465
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1(I)	OTHER LOBBYING ACTIVITIES. THE ORGANIZATION PAYS DUES TO THE MISSOURI HOSPITAL ASSOCIATION (MHA), THE AMERICAN HOSPITAL ASSOCIATION (AHA), AND THE SAFETY NET HOSPITALS FOR PHARMACEUTICAL ACCESS (SNHPA). A PORTION OF THESE DUES, TOTALING 39,465, ARE ATTRIBUTABLE TO LOBBYING PURPOSES.

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization FREEMAN HEALTH SYSTEM	Employer identification number  43-1704371
---	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014

**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 are a 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 programs

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" to 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 in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
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 . . . . .					

- 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
- c

Temporarily restricted endowment

The percentages in 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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

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' to 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 . . . . .	3,859,359	7,656,289		11,515,648
b Buildings . . . . .		155,830,410	86,184,915	69,645,495
c Leasehold improvements . . . . .		3,716,279	2,419,311	1,296,968
d Equipment . . . . .		154,419,067	109,530,019	44,889,048
e Other . . . . .		20,065,775	5,992,144	14,073,631
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				141,420,790

Schedule D (Form 990) 2014



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	470,281,150
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	2,819,523
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	-47,874,292
e	Add lines 2a through 2d . . . . .	2e	-45,054,769
3	Subtract line 2e from line 1 . . . . .	3	515,335,919
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	-80,725
c	Add lines 4a and 4b . . . . .	4c	-80,725
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	515,255,194

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	446,790,792
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	1,120,560
e	Add lines 2a through 2d . . . . .	2e	1,120,560
3	Subtract line 2e from line 1 . . . . .	3	445,670,232
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	137,353
b	Other (Describe in Part XIII ) . . . . .	4b	48,949,296
c	Add lines 4a and 4b . . . . .	4c	49,086,649
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	494,756,881

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.

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUE ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12 \$ (44,949,296) BAD DEBT EXPENSE (4,000,000) GRANTS PAID 1,332,430 NET ASSETS RELEASED FROM RESTRICTION (120,073) CONSOLIDATION OF FHS HOLDINGS (137,353) INVESTMENT FEES - ----- \$ (47,874,292)
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUE ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 \$ 1,159,908 TEMPORARILY RESTRICTED CONTRIBUTIONS (517,191) RENTAL EXPENSES (368,546) COST OF GOODS SOLD (234,823) SPECIAL EVENTS EXPENSE (120,073) FHS HOLDINGS REVENUE -- ----- \$ (80,725)
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25 \$ 517,191 RENTAL EXPENSES 368,546 COST OF GOODS SOLD 234,823 SPECIAL EVENTS EXPENSE ----- - \$ 1,120,560
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 \$ 44,949,296 BAD DEBT EXPENSE 4,000,000 GRANTS PAID ----- \$ 48,949,296

[illegible]



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
  
43-1704371

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 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 ten 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						
<b>Total</b> . . . . . ▶						

- 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" to 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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
			<u>JEWELRY SALE</u> (event type)	<u>SHOE SALE</u> (event type)	<u>12</u> (total number)		
	1	Gross receipts . . . .	96,652	42,857	218,027	357,536	
	2	Less Contributions . . .			21,210	21,210	
3	Gross income (line 1 minus line 2) . . . .	96,652	42,857	196,817	336,326		
Direct Expenses	4	Cash prizes . . . .			2,400	2,400	
	5	Noncash prizes . . .			1,750	1,750	
	6	Rent/facility costs . . .			6,945	6,945	
	7	Food and beverages .			530	530	
	8	Entertainment . . . .					
	9	Other direct expenses .	69,761	33,943	119,494	223,198	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(234,823)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					101,503

Part III Gaming. Complete if the organization answered "Yes" to 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 . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor . . . .			
	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 activities 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

\$ and the \$

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 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).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year  <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care  <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			13,531,735		13,531,735	3 010 %
b Medicaid (from Worksheet 3, column a) . . . . .			60,468,589	44,551,101	15,917,488	3 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			74,000,324	44,551,101	29,449,223	6 550 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			670,200	281,330	388,870	0 090 %
f Health professions education (from Worksheet 5) . . . . .			588,603		588,603	0 130 %
g Subsidized health services (from Worksheet 6) . . . . .			29,035,888	18,298,884	10,737,004	2 390 %
h Research (from Worksheet 7) . . . . .			707,133		707,133	0 160 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			5,669,917		5,669,917	1 260 %
j <b>Total</b> Other Benefits . . . . .			36,671,741	18,580,214	18,091,527	4 030 %
k <b>Total</b> . Add lines 7d and 7j . . . . .			110,672,065	63,131,315	47,540,750	10 580 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			70,000			
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other			14,718			
10Total			84,718			

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

44,949,296

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

2,741,901

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

119,352,520

6Enter Medicare allowable costs of care relating to payments on line 5.

6

111,934,639

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

7,417,881

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 FREEMAN SURGICAL CTR	AMBULATORY SURGERY CENTER	52.329 %		36.541 %
2 HEARTLAND KIDNEYDIA	DIALYSIS CENTER	25.000 %		56.250 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

1  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A )

FREEMAN HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) HTTP //WWW.FREEMANHEALTH.COM		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) HTTP //WWW.FREEMANHEALTH.COM		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

FREEMAN HEALTH SYSTEM

		Yes	No
<b>Financial Assistance Policy (FAP)</b>			
<b>13</b> Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Billing and Collections</b>			
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			



Part V

Facility Information (continued)

FREEMAN HEALTH SYSTEM

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		<b>19</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
<b>b</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
<b>c</b> <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
<b>d</b> <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		<b>21</b>	Yes
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		<b>24</b>	No

Part V

Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **28**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI

Supplemental Information

Provide the following information

- 1    **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2    **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3    **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4    **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5    **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6    **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7    **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS TOTAL OPERATING EXPENSES PER PART IX, LINE 25 OF THE FORM 990, WAS REDUCED BY BAD DEBT EXPENSE OF \$44,949,296

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1 AND 3 WORKSHEET 6 USED COST TO CHARGE RATIOS COMPUTED INTERNALLY FOR EACH SERVICE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES THE ORGANIZATION HAS INCLUDED COSTS ASSOCIATED WITH ITS PHYSICIAN SERVICES IN THE CALCULATION OF SUBSIDIZED SERVICES ON LINE 7G FREEMAN HEALTH SYSTEM PROVIDES PHYSICIAN SERVICES TO ITS SURROUNDING COMMUNITIES IF FREEMAN HEALTH SYSTEM WAS TO CEASE OFFERING THESE SERVICES, A SHORTAGE OF QUALITY MEDICAL CARE WILL RESULT FREEMAN HEALTH SYSTEM CONTINUES TO PROVIDE THESE SERVICES AS A BENEFIT TO THE COMMUNITY DESPITE KNOWING THAT FINANCIAL SHORTFALLS WILL BE SUSTAINED

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES THE ECONOMIC DEVELOPMENT EXPENSES NOTED IN PART II RELATES TO FREEMAN'S CONTRIBUTION TO THE JOPLIN BUSINESS AND INDUSTRIAL DEVELOPMENT CORPORATION WHICH SUPPORTS THE ECONOMIC DEVELOPMENT EFFORTS IN THE JOPLIN AREA IN ADDITION, OTHER EXPENSES ARE INCURRED BY THE ORGANIZATION'S EMPLOYEES AS A RESULT OF THEIR INVOLVEMENT IN THE COMMUNITY FREEMAN HEALTH SYSTEM ENCOURAGES ITS EMPLOYEES TO BE INVOLVED IN THE COMMUNITY AS SUCH INVOLVEMENT PROVIDES THE COMMUNITY A UNIQUE HEALTH CARE PERSPECTIVE AND PROVIDES THE ORGANIZATION A VOICE TO PROMOTE THE HEALTH AND WELLNESS INITIATIVES OF THE ORGANIZATION

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION A, LINES 2, 3 &amp; 4</p>	<p>BAD DEBT EXPENSE METHODOLOGY THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE IT DOES, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES PATIENT ACCOUNTS RECEIVABLE THAT FOOTNOTE READS AS FOLLOWS ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HEALTH SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HEALTH SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HEALTH SYSTEM RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE ORGANIZATION CALCULATED BAD DEBT USING THE AMOUNTS CALCULATED IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING INTERNAL PATIENT DEMOGRAPHICS, AS WELL AS, CORE BASED STATISTICAL AREA AND POVERTY LIMIT DEMOGRAPHIC INFORMATION OBTAINED THROUGH THE US CENSUS BUREAU</p>



Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	COMMUNITY BENEFIT SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE HELD TO THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION POLICY FREEMAN HEALTH SYSTEM'S COLLECTION POLICY STATES THAT ANY AMOUNT NOT ADJUSTED FOR FINANCIAL ASSISTANCE DUE TO A PARTIAL 50% ADJUSTMENT OR 75% ADJUSTMENT WILL FOLLOW ITS NORMAL COLLECTION PROCESS FREEMAN HEALTH WILL CONTINUE TO BILL THE PATIENT FOR 120 DAYS FROM FIRST STATEMENT, IF NO ARRANGEMENTS ARE MADE TO SATISFY THE REMAINING BALANCE WITH A PAYMENT IN FULL OR PAYMENT PLAN, THE ACCOUNT WILL AUTOMATICALLY ROLL TO ITS EXTERNAL AGENCY

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBED IN PART V, SECTION B, FREEMAN REVIEWS STUDIES AND ASSESSMENTS FROM JOPLIN HEALTH DEPARTMENT AND OTHER LOCAL GOVERNMENTAL AGENCIES TO ASSESS COMMUNITY NEEDS, INCORPORATING THIS INFORMATION INTO THE FREEMAN STRATEGIC PLAN AND MONITORING THE EDUCATIONAL AND OUTREACH PROGRAMS PROVIDED IN THE COMMUNITY FREEMAN ALSO WORKS WITH THE COMMUNITY HEALTH COLLABORATIVE, WHICH DEVELOPED A PRIORITIZED LISTING OF COMMUNITY HEALTH ISSUES USING TOOLS PROVIDED BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES FURTHERMORE, TO FIND OUT WHAT PATIENTS THINK OF THE SERVICE THEY RECEIVE, FREEMAN WORKS WITH HEALTHSTREAM RESEARCH, AN INDEPENDENT COMPANY THAT TELEPHONES A REPRESENTATIVE NUMBER OF PATIENTS AT HOME AFTER THEIR DISCHARGE FROM THE HOSPITAL AND ASKS THEM TO RATE FREEMAN IN A VARIETY OF AREAS RESULTS FROM THESE SURVEYS ARE REFLECTED IN HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SCORES THAT THE FEDERAL GOVERNMENT USES TO EVALUATE FREEMAN SERVICES FREEMAN USES INFORMATION OBTAINED IN THE HCAHPS SURVEYS TO EVALUATE TRENDS IN PATIENT CARE AND ADDRESS ANY ISSUES DISCOVERED ADDITIONALLY, FREEMAN SUBSCRIBES TO AND MANAGES A NUMBER OF DATABASE SERVICES TO ANALYZE CONSUMER USE OF FREEMAN PRODUCTS AND SERVICES AND FORMULATE PLANS TO STAY AHEAD OF PATIENT NEEDS, AND FREEMAN PARTNERS WITH THE MISSOURI HOSPITAL ASSOCIATION FOR DATA ASSESSMENT DEMOGRAPHIC INFORMATION, TREND ANALYSIS, AND EDUCATION FREEMAN SENIOR LEADERS ROUTINELY MAKE APPEARANCES AT COMMUNITY FUNCTIONS, SUCH AS ROTARY INTERNATIONAL AND KIWANIS MEETINGS THEY INFORM CONSTITUENTS ABOUT HAPPENINGS IN THE HEALTH SYSTEM AND SEEK INPUT FROM AUDIENCE MEMBERS TO SERVE THE COMMUNITY AND SEEK OUT INFORMATION REGARDING CONSUMER TRENDS AND OPINIONS, FREEMAN SENIOR LEADERS SERVE ON A VARIETY OF BOARDS, COUNCILS, AND COMMITTEES WHILE PROVIDING LEADERSHIP AND SUPPORT TO THESE ORGANIZATIONS, FREEMAN LEADERS MAKE CONTACT WITH MANY OTHER COMMUNITY LEADERS TO CHECK THE PULSE OF THE COMMUNITY IN TERMS OF HEALTHCARE NEEDS AND OPINION</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 3</p>	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FREEMAN HAS STEPPED UP EFFORTS TO COMMUNICATE INFORMATION ABOUT FINANCIAL ASSISTANCE, OR CHARITY CARE, OPTIONS AVAILABLE TO PATIENTS IN MANY WAYS FREEMAN PUBLISHES COMMUNICATION PIECES ON FINANCIAL SERVICES, INCLUDING A BROCHURE TITLED FINANCIAL SERVICES AND PAYMENT OPTIONS FREEMAN ALSO INCLUDES MESSAGING ABOUT ITS FINANCIAL ASSISTANCE PROGRAM ON BILLS, STATEMENTS, AND ENVELOPES SENT TO PATIENTS' HOMES AND ON SIGNS POSTED AROUND FREEMAN PATIENT ACCOUNTS AND ADMISSIONS PUBLIC AREAS FREEMAN HAS ALSO PLACED FINANCIAL ASSISTANCE INFORMATION, INCLUDING A FINANCIAL ASSISTANCE APPLICATION IN ENGLISH AND SPANISH, ON THE FREEMAN WEBSITE ADDITIONALLY, FREEMAN HAS IMPLEMENTED SEVERAL EDUCATIONAL OPPORTUNITIES TO ENSURE THE COMMUNITY IS AWARE OF ITS FINANCIAL ASSISTANCE PROGRAM THESE INCLUDE - FREEMAN ADMISSIONS STAFF MEMBERS PERSONALLY INTERVIEW PATIENTS, BASED ON THE SETTING OF CARE (PRIOR TO SERVICES, AT TIME OF SERVICE, AND AFTER CARE PROVIDED), TO PROVIDE EDUCATION ON AVAILABLE BENEFITS FREEMAN HELPS UNINSURED AND UNDERINSURED PATIENTS WITH STATE AND FEDERAL ASSISTANCE RESOURCES, AS WELL AS THE FREEMAN FINANCIAL ASSISTANCE PROGRAM - FREEMAN CONTINUALLY PROVIDES EDUCATION TO EMPLOYEES, FROM CLINICAL STAFF TO VOLUNTEERS, REGARDING ITS FINANCIAL ASSISTANCE POLICY SO THEY CAN HELP CUSTOMERS LEARN ABOUT AVAILABLE RESOURCES - FREEMAN PROVIDES SYSTEM-WIDE COMMUNICATION, SUCH AS THE DAILY LINEUP NEWSLETTER (REQUIRED READING FOR STAFF MEMBERS AT EVERY LEVEL) AND COMMUNICATION BOARDS POSTED IN ALL DEPARTMENTS, TO REMIND STAFF OF THE FREEMAN FINANCIAL ASSISTANCE POLICY THROUGHOUT THE YEAR - PATIENTS NEEDING HELP PAYING FOR HEALTHCARE ARE INTERVIEWED THROUGH MEDIASSIST, FREEMAN'S THIRD-PARTY ELIGIBILITY VENDOR MEDIASSIST ON-SITE STAFF SPECIALIZE IN THE STATE ASSISTANCE APPLICATION PROCESS FOR THE FOUR-STATE AREA (MISSOURI, ARKANSAS, OKLAHOMA, AND KANSAS), AS WELL AS OTHER STATES, BASED ON PATIENTS' NEEDS MEDASSIST HELPS PATIENTS WITH THE APPLICATION PROCESS VIA FACE-TO-FACE INTERVIEWS, HOME VISITS, AND OVER-THE-PHONE CONVERSATIONS - FREEMAN WORKS WITH MANY OF OUR COMMUNITY'S EMPLOYERS, SENDING WRITTEN NOTICES TO THEIR BENEFITS DEPARTMENTS EXPLAINING THE FREEMAN FINANCIAL ASSISTANCE ELIGIBILITY PROCESS FREEMAN ALSO MEETS WITH EMPLOYERS TO ENSURE THEIR EMPLOYEES UNDERSTAND THE AVAILABILITY OF ASSISTANCE OFFERED THROUGH FREEMAN - IN RESPONSE TO EDUCATION OFFERED ABOUT THE FREEMAN FINANCIAL ASSISTANCE PROGRAM, THE HEALTH SYSTEM RECEIVES REFERRALS FROM PHYSICIANS AND COMMUNITY CLINICS THIS HELPS PATIENTS ARRANGE FOR MEDICALLY NECESSARY HEALTHCARE PRIOR TO THE TIME SERVICES ARE RENDERED FREEMAN HEALTH SYSTEM STRONGLY BELIEVES THAT ITS FINANCIAL ASSISTANCE, OR CHARITY CARE, AND THE RELATED COMMUNITY BENEFIT PROVIDED BY SUCH CARE, IS UNDERSTATED ON ITS FINANCIAL STATEMENTS BECAUSE SOME PATIENTS THAT POTENTIALLY QUALIFY FOR FINANCIAL ASSISTANCE DO NOT WISH TO APPLY FOR IT IN ADDITION, SOME PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE DO NOT RECEIVE FINANCIAL ASSISTANCE BECAUSE THEY REFUSE TO PROVIDE REQUIRED DOCUMENTATION TO PROCESS THE APPLICATION THUS, FREEMAN'S BAD DEBT INCLUDES A PORTION THAT COULD BE CLASSIFIED AS FINANCIAL ASSISTANCE IF THE APPLICATION FOR FINANCIAL ASSISTANCE HAD BEEN PROPERLY COMPLETED BY THE PATIENT</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION FREEMAN'S COMMUNITY AND ITS PRIMARY SERVICE AREA CONSIST OF A POPULATION OVER 175,000 PEOPLE IN TWO MISSOURI COUNTIES, DUE TO THE EXTENSIVE SERVICE OFFERINGS, THE ORGANIZATION RECOGNIZES A SECONDARY SERVICE AREA THAT INCLUDES NINE ADDITIONAL, LARGELY RURAL COUNTIES IN SOUTHWEST MISSOURI, SOUTHEAST KANSAS AND NORTHEAST OKLAHOMA, WITH A COMBINED POPULATION OVER 240,000 INCOMES AND EDUCATION LEVELS LAG BEHIND NATIONAL AVERAGES, WHILE THE PERCENTAGE OF PEOPLE LIVING IN POVERTY IS HIGHER THAN THE NATIONAL AVERAGE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH FREEMAN HEALTH SYSTEM WORKS TO IMPROVE THE HEALTH OF THE CO MMUNITY THROUGH A VARIETY OF COMMUNITY SERVICE PROGRAMS BOTH INSIDE AND OUTSIDE THE ORGANI ZATION AS A SYSTEM, FREEMAN PARTICIPATES IN THE JOPLIN AREA CHAMBER OF COMMERCE AS A TOP LEVEL SPONSOR, WITH STAFF MEMBERS SERVING ON A VARIETY OF COMMITTEES AND PARTICIPATING IN LEADERSHIP JOPLIN AND THE YOUNG PROFESSIONALS NETWORK UNITED WAY OF SOUTHWEST MISSOURI AN D SOUTHEAST KANSAS COUNTS ON FREEMAN, AS ONE OF ITS PACESETTER COMPANIES, TO HELP SET THE TONE FOR GIVING IN THE COMMUNITY FREEMAN PROVIDES FINANCIAL SUPPORT FOR A MANY COMMUNITY SERVICE GROUPS, INCLUDING THE ALZHEIMER'S ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN D IABETES ASSOCIATION, AMERICAN HEART ASSOCIATION, BIG BROTHERS/BIG SISTERS OF JASPER &amp; NEWT ON COUNTIES, BOYS &amp; GIRLS CLUB OF JOPLIN, CHILDREN'S CENTER OF SOUTHWEST MISSOURI, COMMUNI TY BLOOD CENTER OF THE OZARKS, COMMUNITY CLINIC OF JOPLIN, FREEMAN SOUTHWEST FAMILY YMCA I N NEOSHO, JOPLIN FAMILY YMCA, GEORGE A SPIVA CENTER FOR THE ARTS, LAFAYETTE HOUSE, MARCH OF DIMES, NATIONAL MULTIPLE SCLEROSIS SOCIETY, NEOSHO AREA UNITED FUND, RONALD MCDONALD HO USE CHARITIES OF THE FOUR STATES, AND MANY OTHER LOCAL, REGIONAL, AND NATIONAL ORGANIZATIO NS SETTING AN EXAMPLE FOR THEIR STAFFS, FREEMAN SENIOR LEADERS SERVE IN VOLUNTARY LEADERS HIP POSITIONS FOR SERVICE/COMMUNITY ORGANIZATIONS SUCH AS COMMUNITY ADVISORY COUNCIL OF MI SSOURI FOUNDATION FOR HEALTH, PITTSBURG STATE UNIVERSITY FOUNDATION, RONALD MCDONALD HOUSE CHARITIES OF THE FOUR STATES, TALKINGTON FOUNDATION, MID AMERICA SERVICE SOLUTIONS, ASPIR E OF SOUTHWEST MISSOURI, MISSOURI HOSPITAL ASSOCIATION, VHA MID-AMERICA, BLUE CROSS/BLUE S HIELD OF MISSOURI PHYSICIAN CONSULTATIVE COMMITTEE, JOPLIN METRO EMERGENCY TRANSPORTATION SYSTEM, GEORGE A SPIVA CENTER FOR THE ARTS, JOPLIN REGIONAL ECONOMIC DEVELOPMENT ASSOCIAT ION, WILDCAT GLADES CONSERVATION &amp; AUDUBON CENTER, AND UNITED WAY OF SOUTHWEST MISSOURI &amp; SOUTHEAST KANSAS IN COLLABORATION WITH JOPLIN PUBLIC SCHOOLS, FREEMAN WORKS TO ENHANCE ED UCATIONAL OPPORTUNITIES FOR CHILDREN THROUGH BRIGHT FUTURES, AN INITIATIVE FOCUSED ON IMPR OVING THE LIVES OF JOPLIN STUDENTS FREEMAN PARTICIPATES IN THIS INITIATIVE THROUGH A PART NERSHIP SUPPORTING VARIOUS SCHOOLS BY HELPING WITH EVENTS, FUNCTIONS AND OTHER NEEDS OF ST UDENTS AND TEACHERS FREEMAN ALSO SPONSORS THE TOGETHER REACHING EVERY KID PROJECT, IN WHI CH MEMBERS OF THE COMMUNITY VOLUNTEER THEIR TIME TO TUTOR AND MENTOR STUDENTS AFTER SCHOOL TO IMPROVE STUDENT ACHIEVEMENT IN READING AND MATH FREEMAN SERVES MORE THAN 1 MILLION ME ALS EACH YEAR AND RECOGNIZES THE IMPORTANCE OF PROVIDING WHOLESOME FOODS TO THE COMMUNITY ESTABLISHING ITS COMMITMENT TO SERVING LOCAL, NUTRITIOUS AND SUSTAINABLE FOOD, FREEMAN BE CAME THE FIRST HOSPITAL IN MISSOURI TO SIGN THE HEALTHY FOOD IN HEALTHCARE PLEDGE THE PLE DGE, PART OF THE NATIONAL HEALTHY FOOD IN HEALTHCARE INITIATIVE DEVELOPED BY THE INSTITUTE FOR AGRICULTURE AND TRADE POLICY AND HEALTH CARE WITHOUT HARM, WAS FREEMAN'S FIRST STEP T OWARD IMPROVING COMMUNITY HEALTH THROUGH FOOD POLICY CHANGE SINCE SIGNING THE PLEDGE IN 2 010, FREEMAN HAS PROMOTED THE AVAILABILITY OF NUTRITIOUS FOODS TO PATIENTS, EMPLOYEES AND VISITORS FREEMAN RE-SIGNED THE PLEDGE IN APRIL 2012, REAFFIRMING ITS COMMITMENT TO PROVID ING ALTERNATIVES FOR HEALTHY EATING FREEMAN OPERATES FARMERS MARKETS FIVE-SIX MONTHS A YE AR AT FREEMAN WEST AND FREEMAN EAST THESE MARKETS PROVIDE THE COMMUNITY WITH OPPORTUNITIE S TO BUY FRESH, NUTRITIOUS FRUIT, VEGETABLES, AND OTHER LOCALLY PRODUCED FOODS FREEMAN HE LPS WITH COMMUNITY-BUILDING BY OFFERING SOLUTIONS TO HELP MEET THE NEEDS OF SPECIFIC POPUL ATIONS, SUCH AS CHILDREN WITH AUTISM, CHILDREN WITH MEDICAL EXPENSES, CHILDREN WHO HAVE EX PERIENCED EMOTIONAL TRAUMA, AND SENIOR CITIZENS BILL &amp; VIRGINIA LEFFEN CENTER FOR AUTISM, FOR INSTANCE, PROVIDES HOPE FOR CHILDREN WITH AUTISM THROUGH A PRESCHOOL PROGRAM AND SERV ICES FOR SCHOOL-AGE CHILDREN AS A CHILDREN'S MIRACLE NETWORK HOSPITAL, FREEMAN RAISES MON EY TO HELP SICK AND INJURED CHILDREN WITH MEDICAL EXPENSES AFTER THE MAY 2011 TORNADO, TH E COMMUNITY SAW A RISE IN CASES OF CHIL D TRAUMA TO ADDRESS THIS NEED, FREEMAN AND OZARK C ENTER, WITH SUPPORT FROM GOV JAY NIXON AND THE STATE LEGISLATURE, OPENED WILL'S PLACE, A HEALING CENTER FOR KIDS, TO PROVIDE THE COMMUNITY WITH A MUCH- NEEDED CHIL D TRAUMA TREATMEN T CENTER TO PROMOTE THE HEALTH OF THE AREA'S GERIATRIC POPULATION, FREEMAN ADVANTAGE OFFE RS OPPORTUNITIES FOR LEARNING, TRAVEL, SOCIALIZING, AND HEALTHY LIVING ADDITIONALLY, MEN AND WOMEN OF ALL AGES AND FROM ALL WALKS OF LIFE PARTICIPATE IN FREEMAN AUXILIARY, AN ORGA NIZATION THAT RAISES MONEY FOR HOSPITAL EQUIPMENT, SERVICES, SCHOLARSHIPS, AND COMMUNITY N EEDS AND, FREEMAN FOUNDATION WORKS WITH THE COMMUNITY TO FIND FUNDING FOR INNOVATIVE, LIF ESAVING TECHNOLOGIES AND MEDICAL SERVICES FREEMAN AUXILIARY WAS NAMED AUXILIARY OF THE YE AR BY THE MISSOURI HOSPITAL ASSOCIATION IN FALL 20</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	14, DUE IN PART TO ITS COMMUNITY OUTREACH PROJECTS ONE OF FREEMAN'S GOALS IS TO BECOME TH E COMMUNITY'S BEST CORPORATE PARTNER TO ACCOMPLISH THIS, FREEMAN DONATES TIME, RESOURCES, AND FUNDING AS AN ORGANIZATION, WHILE THOSE WORKING AT FREEMAN GIVE BACK TO THE COMMUNITY AS WELL, DONATING MAN-HOURS, MORE THAN 40,000 HOURS LAST YEAR, AND MONEY FOR THE BETTERME NT OF THE COMMUNITY IN FALL 2014, FREEMAN SPONSORED AND TOOK RESPONSIBILITY FOR ORGANIZIN G THE JOPLIN CHRISTMAS PARADE IT WAS A HUGE TASK THAT REQUIRED DOZENS OF FREEMAN VOLUNTEE RS AND COUNTLESS MAN-HOURS THE PARADE GENERATED \$2,400 IN REVENUE FROM ENTRY FEES, WHICH WERE DONATED TO THE JOPLIN HUMANE SOCIETY FREEMAN KICKED IN AN ADDITIONAL \$2,600, BRINGIN G THE TOTAL DONATION TO AN EVEN \$5,000

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM FREEMAN HEALTH SYSTEM CONSISTS OF FREEMAN HOSPITAL WEST AND FREEMAN HOSPITAL EAST IN JOPLIN, FREEMAN NEOSHO HOSPITAL, AND OZARK CENTER, WHICH PROVIDES COMPREHENSIVE BEHAVIORAL HEALTH SERVICES FREEMAN IS NOT AFFILIATED WITH ANOTHER HEALTHCARE SYSTEM



Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT FREEMAN HEALTH SYSTEM IS INCORPORATED IN THE STATE OF MISSOURI AND FILES A COMMUNITY BENEFIT REPORT IN MISSOURI

Form and Line Reference	Explanation
OTHER INFORMATION	<p>FREEMAN PROMOTES THE HEALTH OF THE COMMUNITY THROUGH MANY OUTREACH PROGRAMS THESE INCLUDE PROGRAMS TO HELP PEOPLE QUIT SMOKING, SUPPORT GROUPS FOR A VARIETY OF ILLNESSES AND CONDITIONS, OZARK CENTER FOR AUTISM, PROGRAMS FOR SENIOR CITIZENS, COMMUNITY HEALTH SCREENINGS, AND MANY MORE FREEMAN SCREEN TEAM TRAVELS THROUGHOUT THE COMMUNITY, OFFERING LOW-COST HEALTH SCREENINGS TO HELP PEOPLE GET A HANDLE ON THEIR MEDICAL CONDITIONS AND SEEK HELP BEFORE SMALL PROBLEMS BECOME MEDICAL EMERGENCIES FREEMAN SUPPORT GROUPS OFFER SUPPORT TO PARTICIPANTS AND EDUCATION ON TOPICS SUCH AS AUTISM, DIABETES, STROKE RECOVERY, CANCER RECOVERY, SLEEP DISORDERS, AND ALZHEIMER'S DISEASE FREEMAN HEALTH SYSTEM WAS RECOGNIZED AS A PLATINUM-LEVEL FIT-FRIENDLY COMPANY BY THE AMERICAN HEART ASSOCIATION AS A FIT-FRIENDLY COMPANY, FREEMAN SERVES AS AN EXAMPLE OF POSITIVE CHANGE IN THE AMERICAN WORKFORCE BY MAKING EMPLOYEES' HEALTH AND WELLNESS A PRIORITY IN ADDITION, THE AMERICAN HEART ASSOCIATION AWARDED FREEMAN ITS COMMUNITY INNOVATION AWARD IN RECOGNITION OF THE HEALTH SYSTEM'S TRAIN2RUN COURSE TRAIN2RUN, A FREEMAN REHABILITATION &amp; SPORTS CENTER PROGRAM, IS A FUNCTIONAL STRENGTH-TRAINING PROGRAM THAT TEACHES EXPERIENCED RUNNERS SMARTER AND MORE EFFICIENT WAYS TO PREPARE FOR RUNNING TRAIN2RUN TEACHES PARTICIPANTS HOW TO STAY HEALTHY AND INJURY-FREE, SO THEY MAY RUN LONGER AND WITH GREATER SUCCESS FREEMAN ALSO PROVIDES AUTISM SERVICES TO THE COMMUNITY PRIOR TO THE OPENING OF OZARK CENTER FOR AUTISM IN FALL 2007, FAMILIES SEEKING TREATMENT FOR CHILDREN WITH AUTISM HAD TWO CHOICES-RELOCATE TO RECEIVE TREATMENT OR GO WITHOUT IT DEVELOPED IN CONSULTATION WITH THE CLEVELAND CLINIC AUTISM CONSULTING GROUP, BILL &amp; VIRGINIA LEFFEN CENTER FOR AUTISM IS ONE OF ONLY A FEW TREATMENT CENTERS OF ITS CALIBER OZARK CENTER FOR AUTISM INCLUDES A SPECIAL EDUCATION CENTER, PROVIDING THERAPY SERVICES TO STUDENTS FROM KINDERGARTEN THROUGH HIGH SCHOOL OZARK CENTER FOR AUTISM ALSO OFFERS THE AREA'S ONLY AUTISM DIAGNOSTIC TEAM, PROVIDING PARENTS OF CHILDREN ON THE AUTISM SPECTRUM THE OPPORTUNITY TO RECEIVE AN AUTISM DIAGNOSIS WITHOUT HAVING TO TRAVEL HUNDREDS OF MILES AWAY FROM HOME FREEMAN STAFF MEMBERS, SUCH AS DOCTORS AND NURSES, HELP THE COMMUNITY BY WORKING AT THE COMMUNITY CLINIC OF JOPLIN AND ACCESS FAMILY CARE, ORGANIZATIONS THAT PROVIDE FREE OR LOW-COST HEALTHCARE SERVICES TO INDIGENT PORTIONS OF THE COMMUNITY DEPENDING ON THE SITUATION, FREEMAN STAFF MEMBERS VOLUNTEER OR FREEMAN PAYS THEM TO WORK FOR THE COMMUNITY THROUGH THESE ORGANIZATIONS IT IS OFTEN DIFFICULT TO ATTRACT NEW PHYSICIANS TO CITIES LOCATED IN LARGELY RURAL AREAS ONE WAY FREEMAN HELPS ATTRACT DOCTORS TO JOPLIN IS THROUGH GRADUATE MEDICAL EDUCATION AS A TEACHING HOSPITAL, FREEMAN BROUGHT ABOUT TWO DOZEN DOCTORS TO ITS CAMPUSES THROUGH THE FREEMAN GRADUATE MEDICAL EDUCATION PROGRAM IN THE 2014-2015 SCHOOL YEAR MEDICAL STUDENTS AND RESIDENT DOCTORS OFTEN REMAIN IN THE COMMUNITIES IN WHICH THEY TRAINED THIS COMMUNITY BENEFIT IS VITAL TO THE POPULATION SERVED BY FREEMAN BECAUSE IT IS DIFFICULT AND EXPENSIVE TO ATTRACT AND RECRUIT PHYSICIANS TO WORK IN THE JOPLIN AREA ADDITIONALLY, FREEMAN REACHES OUT TO YOUNGER STUDENTS AS WELL THROUGH A SUMMER VOLUNTEER PROGRAM, HIGH SCHOOL STUDENTS SPEND SEVERAL WEEKS AT THE HOSPITALS, WORKING SIDE-BY-SIDE WITH NURSES AND DOCTORS FREEMAN HEALTH ACADEMY, ON THE OTHER HAND, WORKS WITH MIDDLE SCHOOL STUDENTS TO ENCOURAGE THEM TO GRADUATE FROM HIGH SCHOOL AND HELP THEM CHOOSE COURSES, SUCH AS MATH AND SCIENCE, TO PREPARE THEM FOR FURTHER EDUCATION AND CAREERS IN HEALTHCARE</p>



Additional Data

Software ID:

Software Version:

EIN: 43-1704371

Name: FREEMAN HEALTH SYSTEM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION A	
SCHEDULE H, PART V, SECTION B, LINE 5	COMMUNITY INPUT INTERVIEWING KEY INFORMANTS (COMMUNITY STAKEHOLDERS THAT REPRESENT THE BRO AD INTERESTS OF THE COMMUNITY WITH KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH) IS A TECHN I QUE EMPLOYED TO ASSESS PUBLIC PERCEPTIONS OF THE COUNTY'S HEALTH STATUS AND UNMET NEEDS T HESE INTERVIEWS ARE INTENDED TO ASCERTAIN OPINIONS AMONG INDIVIDUALS LIKELY TO BE KNOWLEDG EABLE ABOUT THE COMMUNITY AND INFLUENTIAL OVER THE OPINIONS OF OTHERS ABOUT HEALTH CONCERN S IN THE COMMUNITY INTERVIEWS WITH 25 KEY INFORMANTS WERE CONDUCTED OVER NINE DATES IN JU LY, AUGUST AND SEPTEMBER 2012 INFORMANTS WERE DETERMINED BASED ON THEIR A) SPECIALIZED KN OWLEDGE OR EXPERTISE IN PUBLIC HEALTH, B) THEIR AFFILIATION WITH LOCAL GOVERNMENT, SCHOOLS AND INDUSTRY OR C) THEIR INVOLVEMENT WITH UNDERSERVED AND MINORITY POPULATIONS A REPRESE NTATIVE FROM THE HOSPITAL CONTACTED ALL INDIVIDUALS NOMINATED FOR INTERVIEWING IF THE RES PECTIVE KEY INFORMANT AGREED TO AN INTERVIEW, AN INTERVIEW TIME AND PLACE WAS SCHEDULED M OST OF THE INTERVIEWS WERE CONDUCTED AT FREEMAN BUSINESS CENTER IN SOME INSTANCES, INTERV IEWS WERE CONDUCTED OVER THE PHONE ALL INTERVIEWS WERE CONDUCTED USING A STANDARD QUESTIO NNAIRE A SUMMARY OF THEIR OPINIONS IS REPORTED WITHOUT JUDGING THE TRUTHFULNESS OR ACCURA CY OF THEIR REMARKS COMMUNITY LEADERS PROVIDED COMMENTS ON THE FOLLOWING ISSUES -HEALTH AND QUALITY OF LIFE FOR RESIDENTS OF THE COMMUNITY -BARRIERS TO IMPROVING HEALTH AND QUALI TY OF LIFE FOR RESIDENTS OF THE COMMUNITY -OPINIONS REGARDING THE IMPORTANT HEALTH ISSUES THAT AFFECT NEWTON AND MCDONALD COUNTY RESIDENTS AND THE TYPES OF SERVICES THAT ARE IMPORT ANT FOR ADDRESSING THESE ISSUES -DELINEATION OF THE MOST IMPORTANT HEALTH CARE ISSUES OR S ERVICES DISCUSSED AND ACTIONS NECESSARY FOR ADDRESSING THOSE ISSUES INTERVIEW DATA WAS INI TIALY RECORDED IN NARRATIVE FORM THEMES IN THE DATA WERE IDENTIFIED AND REPRESENTATIVE Q UOTES HAVE BEEN DRAWN FROM THE DATA TO ILLUSTRATE THE THEMES INFORMANTS WERE ASSURED THAT PERSONAL IDENTIFIERS SUCH AS NAME OR ORGANIZATIONAL AFFILIATIONS WOULD NOT BE CONNECTED I N ANY WAY TO THE INFORMATION PRESENTED IN THE REPORT THEREFORE, QUOTES INCLUDED IN THE RE PORT MAY HAVE BEEN ALTERED SLIGHTLY TO PRESERVE CONFIDENTIALITY THIS TECHNIQUE DOES NOT P ROVIDE A QUANTITATIVE ANALYSIS OF THE LEADERS' OPINIONS, BUT REVEALS COMMUNITY INPUT FOR S OME OF THE FACTORS AFFECTING THE VIEWS AND SENTIMENTS ABOUT OVERALL HEALTH AND QUALITY OF LIFE WITHIN THE COMMUNITY THE ORGANIZATION INTERVIEWED THE FOLLOWING COMMUNITY MEMBERS B ARBIE BILTON, EXECUTIVE DIRECTOR, JOPLIN COMMUNITY CLINIC REBA SNAVELY, HR DIRECTOR, CITY OF JOPLIN CINDY KATCHUM, BENEFITS MANAGER, THE INSURANCE CENTER DAVID MCMILIN, BUSINESS OF FICE DIRECTOR, OZARK CHRISTIAN COLLEGE DEAN WILLIS, ALLGEIER MARTIN JOHN JOINES, CEO, ECON OMIC SECURITY CORP OF SW AREA KEITH STAMMER, EMERGENCY MANAGEMENT DIRECTOR, EMERGENCY MAN AGEMENT PHIL COOK, SUPERINTENDENT, CARL JUNCTION SCHOOL DISTRICT DEBBIE DUTCH KELLY, HR DI RECTOR, MISSOURI SOUTHERN UNIVERSITY MICHELE DUCRE, REGIONAL DEVELOPMENT DIRECTOR, COMMUNI TY FOUNDATION OF THE OZARKS SHARA GAMBLE, HR DIRECTOR, TAMKO BUILDING PRODUCTS DON MCBRIDE , CEO, ACCESS FAMILY CARE LISA OLLIGES, REPORTER, KOAM TV BILL WHITE, STATE REPRESENTATIVE , DISTRICT 129 ANNETTE THURSDON, EXECUTIVE DIRECTOR, RONALD MCDONALD HOUSE DAVID POWELL, O WNER, BENEFITS MANAGEMENT RANDY KRAFT, OWNER, KRAFT INSURANCE SUSAN VERSLUIS, HR DIRECTOR, K & S WIRE GARY ROARK, DIRECTOR, NEWTON COUNTY EMERGENCY MANAGEMENT GIB GARROW, NEOSHO CH AMBER TODD DECKER, PASTOR, FREEMAN PASTORAL CARE PHIL WILCOXON, CEO, OZARK CENTER DAN PEKA REK, DIRECTOR, JOPLIN HEALTH DEPARTMENT ROBERT POOLE, DIRECTOR OF ADMISSIONS, CHC OF SE KS NEAL MCDONALD, CONTROLLER, O & F MACHINE IN ADDITION TO THE INTERVIEWS CONDUCTED, FREEMAN HEALTH SYSTEM CIRCULATED A COMMUNITY HEALTH INPUT QUESTIONNAIRE THAT GATHERED A WIDE RANG E OF INFORMATION WHICH WAS WIDELY DISTRIBUTED TO MEMBERS OF THE COMMUNITY THE COMMUNITY H EALTH QUESTIONNAIRE BROAD SURVEY WAS INTENDED TO GATHER INFORMATION REGARDING THE OVERALL HEALTH OF THE COMMUNITY THE RESULTS ARE INTENDED TO PROVIDE INFORMATION ON DIFFERENT HEAL TH AND COMMUNITY FACTORS REQUESTED COMMUNITY INPUT INCLUDED DEMOGRAPHICS AND SOCIOECONOMI C CHARACTERISTICS, BEHAVIORAL RISK FACTORS, HEALTH CONDITIONS AND ACCESS TO HEALTH RESOURC ES
SCHEDULE H, PART V, SECTION B, LINE 6A	HOSPITAL FACILITIES INCLUDED IN CHNA PURSUANT TO REG 1 501(R)-1(B)(17), THE COMMUNITY HEA LTH NEEDS ASSESSMENT SERVED BOTH FREEMAN HEALTH SYSTEM WEST AND FREEMAN HEALTH SYSTEM EAST AS THE HOSPITALS OPERATE TOGETHER AS ONE UNIT AND UNDER ONE STATE LICENSE
SCHEDULE H, PART V, SECTION B, LINE 11	ADDRESSING IDENTIFIED NEEDS ANALYSIS OF THE NEEDS ASSESSMENT RESULTED IN THE IDENTIFICATIO N OF FOUR FOCUS AREAS-HEART DISEASE, OBESITY, CANCER, AND A SHORTAGE OF PHYSICIANS AND HEA LTH PROFESSIONALS FOCUS AREA HEART DISEASE OBJECTIVE REDUCE PREVALENCE OF CORONARY HEAR T DISEASE AND INCREASE AWARENESS OF PREVENTION AND RISK FACTORS STRATEGIES A CONTINUALLY EXAMINE THE LATEST MEDICAL STUDIES TO PROVIDE PATIENTS THE MOST UP-TO- DATE INFORMATION AN D RESEARCH THROUGH CLINICAL TRIALS B CONTINUE TO DEVELOP PROCESSES TO REDUCE EVEN FURTHER DOOR-TO-BALLOON TIME-THE TIME IT TAKES TO RESTORE BLOOD FLOW TO THE HEART, MEASURED FROM THE MOMENT THE PATIENT ENTERS THE EMERGENCY ROOM TO THE TIME HE OR SHE UNDERGOES BALLOON ANGIOPLASTY IN THE CATHETERIZATION LAB C PROVIDE EDUCATION TO EMERGENCY MEDICAL TECHNICI ANS EMPLOYED BY AREA LAND AND AIR AMBULANCE SERVICES TO ILLUSTRATE HOW THEIR EFFORTS TO RE DUCE TRANSPORT TIME CAN HELP SAVE LIVES D EXPAND OUTREACH CLINICS TO SERVE MIAMI, OKLAHO MA, EXTENDING HEART CARE SERVICES TO THOSE IN ADDITIONAL OUTLYING COMMUNITIES E OFFER LO W-COST HEALTH SCREENINGS THROUGHOUT THE YEAR THAT CAN DETECT A WIDE RANGE OF CONDITIONS, I NCLUDING HEART DISEASE AND VASCULAR CONCERNS F EVALUATE THE PROBABILITY OF PURCHASING A MOBILE STRESS-TEST UNIT, WHICH IMPROVES WELLNESS BY MAKING IT MORE CONVENIENT FOR PEOPLE T O OBTAIN PREVENTION AND DETECTION SERVICES FOCUS AREA OBESITY OBJECTIVE DECREASE RATE O F OBESE CHILDREN AND ADULTS WHILE PROMOTING AWARENESS ABOUT THE IMPORTANCE OF GOOD NUTRITI ON AND REGULAR PHYSICAL ACTIVITY STRATEGIES A PROVIDE CONTINUED PARTNERSHIP AND SUPPORT TO JOPLIN FAMILY Y SOUTH AND FREEMAN SOUTHWEST FAMILY Y IN NEOSHO B HOST FREEMAN FAMILY 5K RUN, A PUBLIC EVENT THAT ENCOURAGES FAMILIES TO PARTICIPATE IN PHYSICAL ACTIVITIES TOGE THER C PROVIDE FREEMAN FARMERS MARKET JUNE THROUGH OCTOBER TO GIVE THE COMMUNITY ACCESS TO FRESH, NUTRITIOUS LOCALLY GROWN PRODUCE D INCREASE THE AMOUNT OF LOCALLY AND REGIONAL LY GROWN FOODS SERVED WITHIN THE HEALTH SYSTEM AND MAXIMIZE AVAILABILITY OF NUTRITIOUS FOO D OPTIONS ON THE MENU, INCLUDING WHOLE GRAINS, FRUITS, AND VEGETABLES TO ENCOURAGE PATIENT S, EMPLOYEES, AND VISITORS TO MAKE HEALTHY DIETARY CHOICES FOCUS AREA CANCER OBJECTIVE REDUCE PREDOMINANCE OF CANCER AMONG OUR POPULATION BY IMPROVING OUTCOMES AND INCREASING AW ARENESS THROUGH SCREENINGS AND EDUCATION STRATEGIES A PROVIDE ASSISTANCE FOR PATIENTS WH O CAN'T AFFORD CANCER MEDICATIONS BY IDENTIFYING AVAILABLE FUNDING RESOURCES B OFFER OUT REACH CLINIC IN GROVE, OKLAHOMA, EXTENDING CANCER CARE SERVICES TO THOSE IN ADDITIONAL OUT LYING COMMUNITIES C PROVIDE OFFICE SPACE FOR AMERICAN CANCER SOCIETY TO ASSIST PATIENTS IN OBTAINING SERVICES TO HELP EASE THEIR BURDEN AND PROVIDE RELIEF D PROMOTE HELPING FRI ENDS MAMMOGRAM FUND, WHICH PROVIDES MAMMOGRAMS FOR WOMEN WHO LACK HEALTH INSURANCE OR SUFF ICIENT FINANCIAL RESOURCES E ENFORCE TOBACCO-FREE POLICY ON ALL FREEMAN CAMPUSES, OFFER SMOKING CESSATION CLASSES PERIODICALLY THROUGHOUT THE YEAR, AND HOST COURSES THAT ENCOURAG E PARENTS TO REFRAIN FROM SMOKING AROUND THEIR CHILDREN FOCUS AREA SHORTAGE OF PHYSICIAN S AND HEALTH PROFESSIONALS OBJECTIVE INCREASE ACCESS TO PRIMARY CARE PHYSICIANS BY ENHANC ING RECRUITMENT AND RETENTION EFFORTS OF HEALTH PROFESSIONALS STRATEGIES A CONTINUE TO I NVEST A MINIMUM OF \$1MILLION PER YEAR TO RECRUIT PHYSICIANS AND HELP THEM START PRACTICES B PROMOTE AVAILABILITY OF FREEMAN URGENT CARE TO OFFER PATIENTS TREATMENT BY BOARD CERTI FIED PHYSICIANS, X-RAYS, REFERRALS, AND OTHER SERVICES THROUGH CONVENIENT WALK-IN CLINICS SEVEN DAYS A WEEK C OFFER GRADUATE MEDICAL EDUCATION RESIDENCY PROGRAMS IN INTERNAL MEDI CINE, EMERGENCY MEDICINE, AND OTOLARYNGOLOGY, AS WELL AS A PSYCHIATRIC RESIDENCY PROGRAM T O TRAIN AND EXPOSE FUTURE HEALTHCARE PROVIDERS TO OUR COMMUNITY D SECURE AND IMPLEMENT A GRANT THAT FUNDS FOUR ADDITIONAL INTERNAL MEDICINE RESIDENCY POSITIONS E UTILIZE A STAR T GRANT TO ENSURE THAT NEW NURSES GET THE SUPPORT NEEDED TO EXPERIENCE SUCCESS ON THE JOB
SCHEDULE H, PART V, SECTION B, LINE 13H	BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ALSO USES FAMILY SIZE IN THE DETERMINATION OF AMOUNTS CHARGED TO PATIENTS
SCHEDULE H, PART V, SECTION B, LINES 16A & 16B	THE FINANCIAL ASSISTANCE POLICY AND APPLICATION FORM ARE AVAILABLE AT THE FOLLOWING WEBSITE https://www.freemanhealth.com/patients-guests/billing-insurance/payment-op tions
SCHEDULE H, PART V, SECTION B, LINE 22D	MAXIMUM AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS THE HOSPITAL USED A LOOK-BACK METHOD A ND THE MEDIAN NEGOTIATED COMMERCIAL INSURANCE RATES WHEN CALCULATING THE MAXIMUM AMOUNTS T HAT CAN BE CHARGED

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
FREEMAN CANCER INSTITUTE 3415 MCINTOSH JOPLIN,MO 64804	MEDICAL SERVICES
FREEMAN MIDWEST ORTHOPAEDIC SURGERY 3105 MCCLELLAND BLVD JOPLIN,MO 64804	MEDICAL SERVICES
FREEMAN WOMEN'S CENTER 1532 W 32ND ST JOPLIN,MO 64804	MEDICAL SERVICES
URGENT CARE - JOPLIN 1130 E 32ND ST JOPLIN,MO 64804	MEDICAL SERVICES
FREEMAN WOUND CARE & HOME CARE 3315 MCINTOSH JOPLIN,MO 64804	MEDICAL SERVICES
OCCUMED - JOPLIN 3201 MCCLELLAND BLVD JOPLIN,MO 64804	MEDICAL SERVICES
CH BENTLAGE MEDICAL CENTER 3202 MCINTOSH JOPLIN,MO 64804	MEDICAL SERVICES
MEDICAL OFFICE BUILDING 336 S JEFFERSON NEOSHO,MO 64580	MEDICAL SERVICES
FREEMAN CHILDREN'S CLINIC 1030 MCINTOSH JOPLIN,MO 64804	MEDICAL SERVICES
REHABILITATION & SPORTS CENTER 2206 E 32ND STREET JOPLIN,MO 64804	MEDICAL SERVICES
URGENT CARE - WEBB CITY 1010 S MADISON WEBB CITY,MO 64870	MEDICAL SERVICES
FREEMAN NEUROSPINE 1905 W 32ND ST JOPLIN,MO 64804	MEDICAL SERVICES
FREEMAN EAR NOSE AND THROAT CENTER 1331 W 32ND ST JOPLIN,MO 64804	MEDICAL SERVICES
JOPLIN UROLOGYPHYSICIAN OFFICES 3302 MCINTOSH JOPLIN,MO 64804	MEDICAL SERVICES
FREEMAN SLEEP CENTERGERIATRIC CARE 931 E 32ND ST JOPLIN,MO 64804	MEDICAL SERVICES

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

\_\_\_\_\_

Name and address	Type of Facility (describe)
HIGGINS MEDICAL BUILDING 1020 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
FREEMAN PROFESSIONAL CENTER 3333 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
FREEMAN CLINIC OF ANDERSON 510 PARK ST ANDERSON, MO 64831	MEDICAL SERVICES
PAIN MANAGMENT CENTER 3103 MCCLELLAND BLVD JOPLIN, MO 64804	MEDICAL SERVICES
DAVID A BALL MEDICAL BUILDING 1111 MCINTOSH CIRCLE DRIVE JOPLIN, MO 64804	MEDICAL SERVICES
FREEMAN MEDICAL PLAZA I 702 E 34TH ST JOPLIN, MO 64804	MEDICAL SERVICES
FREEMAN CLINIC OF CARTHAGE 719 W CENTENNIAL CARTHAGE, MO 64836	MEDICAL SERVICES
FREEMAN CLINIC OF BAXTER SPRINGS 322 E 11TH ST BAXTER SPRINGS, KS 66713	MEDICAL SERVICES
OCCUMED - CARTHAGE SPECIALTY CLINIC 1500 S CASE ST CARTHAGE, MO 64836	MEDICAL SERVICES
FREEMAN HEART & VASCULAR INSTITUTE 1101 E 13TH STREET SUITE A B C GROVE, OK 74344	MEDICAL SERVICES
FREEMAN HEART & VASCULAR INSTITUTE 30 B STREET SW MIAMI, OK 74354	MEDICAL SERVICES
FREEMAN CARL JUNCTION FAMILY MEDICINE 104 S MAIN STREET JOPLIN, MO 64834	MEDICAL SERVICES
SENECA FAMILY MEDICINE 1606 OLIVE SENECA, MO 64865	MEDICAL SERVICES

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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FREEMAN HEALTH SYSTEM

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

DLN: 93493044005066

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
43-1704371

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" to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JOPLIN REGIONAL PARTNERSHIP 320 E 4TH ST JOPLIN,MO 64801	43-1386973	501(C)(3)	70,000				SUPPORT
(2) JOPLIN MEMORIAL RUN PO BOX 3102 JOPLIN,MO 64801	45-4202274	501(C)(3)	15,000				SUPPORT
(3) CROWDER COLLEGE 601 LACLEDE AVE NEOSHO,MO 64850	44-0668521	501(C)(3)	99,845				SUPPORT
(4) MISSOURI SOUTHERN FOUNDATION 3950 E NEWMAN ROAD JOPLIN,MO 64801	43-0907114	501(C)(3)	4,063,500				SUPPORT
(5) COMMUNITY HEALTH CLINIC OF JOPLIN 701 SOUTH JOPLIN AVENUE JOPLIN,MO 64801	43-1643962	501(C)(3)	29,000				SUPPORT
(6) GEORGE A SPIVA CENTER FOR THE ARTS 222 W 3RD STREET JOPLIN,MO 64801	44-6006139	501(C)(3)	16,000				SUPPORT
(7) CARL JUNCTION EDUCATIONAL FOUNDATION	43-1776822	501(C)(3)	63,494				SUPPORT
(8) OZARK CENTER 1105 E 32ND ST JOPLIN,MO 64804	43-0821959	501(C)(3)	607,384				SUPPORT

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CMN AID TO FAMILIES	832	187,552			
(2) MAMMOGRAMS	13	3,933			
(3) PRESCRIPTION, MEALS, TRANSPORTATION	2044	37,812			
(4) CANCER PATIENT HELP	86	7,603			
(5) DIALYSIS PATIENT ASSISTANCE	3	288			

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING USE OF GRANT FUNDS OZARK CENTER IS A RELATED ORGANIZATION TO AND WORKS CLOSELY WITH FREEMAN HEALTH SYSTEM TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE THROUGH CARING FOR PATIENTS SUFFERING FROM PSYCHIATRIC, SUBSTANCE ABUSE AND AUTISM SPECTRUM DISORDERS THIS CLOSE RELATIONSHIP ALLOWS FREEMAN HEALTH SYSTEM TO CLOSELY MONITOR THE USE OF FUNDS AMOUNTS ARE ALSO CONTRIBUTED TO CROWDER COLLEGE AND THE MISSOURI SOUTHERN FOUNDATION FOR NURSING SCHOLARSHIPS FOR AREA STUDENTS THE ORGANIZATION IS ABLE TO MONITOR FUNDS BY PROVIDING THESE AMOUNTS DIRECTLY TO THE SCHOOLS, TO BE USED FOR THE DESIGNATED ENROLLED STUDENT RECIPIENTS OTHER AMOUNTS WERE GIVEN DURING THE YEAR TO LOCAL ORGANIZATIONS THE USE OF THE FUNDS CAN BE SEEN IN THE COMMUNITY AND CAN BE MONITORED ACCORDINGLY
SCHEDULE I, PART III	GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN FISCAL YEAR 2015, FREEMAN HEALTH SYSTEM PROVIDED ASSISTANCE THROUGH THE FOLLOWING PROGRAMS *FHS CHILDREN'S MIRACLE NETWORK - \$187,552 WAS SPENT HELPING OVER 832 FAMILIES WITH MEDICINE, TRANSPORTATION AND LODGING *HELPING FRIENDS MAMMOGRAM PROGRAM - \$3,933 WAS SPENT TO HELP 13 WOMEN WITH FREE MAMMOGRAPHY *CHAPLAINS DISCRETIONARY FUND - \$37,812 WAS SPENT TO HELP OVER 2,000 WITH PRESCRIPTIONS/FREE MEALS OR TRANSPORTATION HOME *CANCER PATIENT ASSISTANCE - \$7,603 WAS SPENT HELPING 86 CANCER PATIENTS WITH PHARMACY-RELATED EXPENSES *DIALYSIS PATIENT ASSISTANCE - \$288 WAS SPENT HELPING 3 DIALYSIS PATIENTS WITH RELATED EXPENSES



Additional Data

Software ID:  
Software Version:  
EIN: 43-1704371  
Name: FREEMAN HEALTH SYSTEM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOPLIN REGIONAL PARTNERSHIP320 E 4TH ST JOPLIN,MO 64801	43-1386973	501(C)(3)	70,000				SUPPORT
JOPLIN MEMORIAL RUNPO BOX 3102 JOPLIN,MO 64801	45-4202274	501(C)(3)	15,000				SUPPORT
CROWDER COLLEGE601 LACLEDE AVE NEOSHO,MO 64850	44-0668521	501(C)(3)	99,845				SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI SOUTHERN FOUNDATION3950 E NEWMAN ROAD JOPLIN,MO 64801	43-0907114	501(C)(3)	4,063,500				SUPPORT
COMMUNITY HEALTH CLINIC OF JOPLIN701 SOUTH JOPLIN AVENUE JOPLIN,MO 64801	43-1643962	501(C)(3)	29,000				SUPPORT
GEORGE A SPIVA CENTER FOR THE ARTS222 W 3RD STREET JOPLIN,MO 64801	44-6006139	501(C)(3)	16,000				SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARL JUNCTION EDUCATIONAL FOUNDATION	43-1776822	501(C)(3)	63,494				SUPPORT
OZARK CENTER1105 E 32ND ST JOPLIN,MO 64804	43-0821959	501(C)(3)	607,384				SUPPORT

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing 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.</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	Yes
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in 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.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

**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 in 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 are not 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 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part IIISupplemental 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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT, WHICH WAS INCLUDED IN TAXABLE COMPENSATION \$300,000 JOE L KIRK
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS RECEIVED CONTRIBUTIONS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THROUGH FREEMAN HEALTH SYSTEM OR FREEMAN NEOSHO DURING THE YEAR \$ 71,338 STEVE GRADDY \$ 81,992 RICHARD SCHOOLER \$ 287,682 PAULA BAKER \$ 31,877 JEFFREY CARRIER \$ 13,353 SUE ANNESSER \$ 17,207 COLEEN CAMERON \$ 19,381 MICHAEL LEONE \$ 34,615 KEVIN GAUDETTE \$ 22,327 WESLEY BRAMAN \$ 170,000 RAYMOND VETSCH \$ 18,160 MARY FRERER THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN \$ 69,039 STEVE GRADDY \$ 21,649 JOE KIRK \$ 62,634 RICHARD SCHOOLER \$ 338,726 PAULA BAKER \$ 33,732 JEFFREY CARRIER \$ 27,048 SUE ANNESSER \$ 20,566 COLEEN CAMERON \$ 20,212 MICHAEL LEONE \$ 36,333 KEVIN GAUDETTE \$ 22,295 WESLEY BRAMAN \$ 601,510 RAYMOND VETSCH
SCHEDULE J, PART I, LINE 6A	MANAGEMENT COMPENSATION FREEMAN HEALTH SYSTEM PROVIDES MANAGEMENT THE POTENTIAL TO RECEIVE AN AT-RISK PAYMENT BASED ON SYSTEM AND INDIVIDUAL GOAL ACHIEVEMENT THE AMOUNT OF COMPENSATION IS BASED UPON A PERCENTAGE OF THE EMPLOYEE'S ANNUAL COMPENSATION AND IS SUBJECT TO BOARD APPROVAL
SCHEDULE J, PART II, COLUMN (B) (II)	BONUS & INCENTIVE COMPENSATION THE ORGANIZATION PROVIDES PHYSICIANS THE POTENTIAL TO RECEIVE ANNUAL BONUS COMPENSATION PHYSICIAN BONUSES ARE CALCULATED BASED ON GENERATING WORKED RELATIVE VALUE UNITS (WRVU) EMPLOYMENT CONTRACTS SPECIFY THE NUMBER OF REQUIRED WRVUS (TO OBTAIN AN ANNUAL SALARY) AND THE ADDITIONAL BONUS COMPENSATION PHYSICIANS WILL RECEIVE ONCE THE REQUIRED WRVUS HAVE BEEN MET ADDITIONAL BONUS COMPENSATION IS CALCULATED BY MULTIPLYING THE WRVUS IN EXCESS OF REQUIRED WRVUS TIMES A PREDETERMINED COMPENSATION FACTOR WRVUS SHALL BE COMPUTED BY USE OF THE APPROVED MEDICARE METHODS OF COMPUTATION FOR PHYSICIAN PRACTICES
SCHEDULE J, PART II, COLUMN F	COMPENSATION REPORTED IN PRIOR FORM 990 COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS VESTED OR PAID TO THE INDIVIDUAL AMOUNTS REPORTED IN COLUMN F INCLUDE BOTH PRIOR CONTRIBUTIONS AS WELL AS EARNINGS ON THOSE CONTRIBUTIONS

Additional Data

Software ID:  
Software Version:  
EIN: 43-1704371  
Name: FREEMAN HEALTH SYSTEM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC 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 in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LARRY MCINTIRE DO, DIRECTOR	(i) (ii)380,767 0	29,051 0	0 0	24,810 0	905 0	435,533 0	0 0
JOHN M COX DO, DIRECTOR	(i) (ii)871,257 0	134,844 0	15,474 0	7,650 0	21,346 0	1,050,571 0	0 0
RODNEY MCFARLAND MD, DIRECTOR	(i) (ii)0 239,574	0 10,617	0 0	0 25,150	0 13,377	0 288,718	0 0
PAULA F BAKER, PRESIDENT/CEO	(i) (ii)650,188 0	247,698 0	345,113 0	312,832 0	18,846 0	1,574,677 0	338,726 0
JOE L KIRK, VP ENVIRONMENTAL SRVC END 7/14	(i) (ii)160,186 0	1,950 0	359,597 0	25,150 0	9,290 0	556,173 0	21,649 0
STEVE W GRADDY, CFO	(i) (ii)348,707 0	101,868 0	69,039 0	78,988 0	12,779 0	611,381 0	69,039 0
MICHAEL J LEONE, CONTROLLER	(i) (ii)224,030 0	35,308 0	21,507 0	33,303 0	21,083 0	335,231 0	20,212 0
JEFFREY M CARRIER, CHIEF CLINICAL OFFICER	(i) (ii)201,069 0	51,902 0	33,732 0	55,572 0	21,346 0	363,621 0	33,732 0
KEVIN P GAUDETTE, VP REVENUE CYCLE	(i) (ii)226,660 0	33,078 0	36,333 0	41,874 0	13,449 0	351,394 0	36,333 0
WESLEY B BRAMAN, VP BUSINESS DEVELOPMENT	(i) (ii)191,370 0	29,934 0	22,295 0	22,327 0	16,915 0	282,841 0	22,295 0
SUE A ANNESSER, CHIEF INFO OFFICER END 08/14	(i) (ii)137,735 0	34,559 0	57,351 0	19,957 0	9,410 0	259,012 0	27,048 0
COLEEN S CAMERON, CHIEF NURSING AND REG OFFICER	(i) (ii)143,041 0	21,539 0	20,566 0	21,373 0	7,315 0	213,834 0	20,566 0
RICHARD D SCHOOLER, EXEC VP & CHIEF OP OFFICER	(i) (ii)372,807 0	107,486 0	67,451 0	89,642 0	10,435 0	647,821 0	62,634 0
RAYMOND VETSCH, PHYSICIAN	(i) (ii)538,381 0	411,191 0	601,510 0	195,150 0	17,540 0	1,763,772 0	601,510 0
THOMAS B COY, PHYSICIAN	(i) (ii)1,210,647 0	235,676 0	0 0	20,650 0	18,822 0	1,485,795 0	0 0
JOSHUA M BALL, PHYSICIAN	(i) (ii)671,461 0	626,949 0	0 0	25,150 0	18,727 0	1,342,287 0	0 0
TODD J TWISS, PHYSICIAN	(i) (ii)890,128 0	278,056 0	17,049 0	25,150 0	18,441 0	1,228,824 0	0 0
MARY A FRERER, CHIEF HUMAN RESOURCE OFFICER	(i) (ii)163,393 0	16,768 0	0 0	19,025 0	10,206 0	209,392 0	0 0
ROBERT C STAUFFER, PHYSICIAN	(i) (ii)1,150,776 0	34,563 0	0 0	25,150 0	10,749 0	1,221,238 0	0 0

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO	52-1299414	480639AY9	12-13-2011	25,031,815	CONSTRUCT & EQUIP WEST CAMPUS HOSP		X		X		X
B	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO	52-1299414		06-18-2014	15,995,508	REFUND 2009 BONDS		X		X		X
C	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO	52-1299414		12-20-2010	10,393,515	EQUIPMENT		X		X		X
D	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966	60637ADK5	12-20-2012	40,129,591	REFUND 1194-A BONDS AND 1998A BOND		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,805,000		670,631		9,049,883		6,655,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	25,031,815		15,995,508		10,394,224		40,129,591	
4	Gross proceeds in reserve funds	2,056,600		0		0		3,565,410	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	403,785		0		42,200		530,282	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	22,563,205		0		10,352,024		0	
11	Other spent proceeds	0		15,995,508		0		36,042,809	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2014		2008		2013		1999	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X			



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X						X	
b	Exception to rebate?			X					
c	No rebate due?					X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE B, COLUMN (F)	THE 2009 BONDS WERE ORIGINALLY ISSUED ON 7/23/2009

Return Reference	Explanation
SCHEDULE K, PART I, LINE D, COLUMN (F)	THE 1994-A BONDS WERE ORIGINALLY ISSUED ON 3/15/1994 AND THE 1998-A BONDS WERE ORIGINALLY ISSUED ON 2/12/1998

Return Reference	Explanation
SCHEDULE K, PART II, LINES 11 & 14, COLUMN B	THE 2009 BONDS WERE REISSUED ON 6/18/2014 AND ALL BOND PROCEEDS WERE DEEMED TO CURRENTLY REFUND THE 2009 BONDS ON THAT DATE

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN C	AMOUNT DOES NOT EQUAL ISSUE PRICE OF THE BONDS DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A	INVESTMENT EARNINGS ON AMOUNTS DEPOSITED IN THE DEBT SERVICE RESERVE FUND DURING THE PROJECT PERIOD HAVE NOT BEEN INCLUDED IN "TOTAL PROCEEDS OF ISSUE", BUT WERE ALLOCATED TO INTEREST PAYMENTS ON THE BONDS DURING THIS PERIOD

Return Reference	Explanation
SCHEDULE K, PART II, LINE 16, COLUMN A	THE PROJECT HAS BEEN COMPLETED AND THE INSTITUTION WILL COMPLETE THE FINAL WRITTEN ALLOCATION BEFORE THE NEXT FISCAL YEAR END SCHEDULE K, PART III, COLUMN D PER THE INSTRUCTIONS, PART III IS NOT REQUIRED TO BE COMPLETED FOR PROJECTS ORIGINALLY FINANCED PRIOR TO JANUARY 1, 2003

Return Reference	Explanation
SCHEDULE K, PART III, LINE 8A, COLUMNS A-D	THE HOSPITAL GENERALLY DOES NOT DISPOSE OF ANY BOND FINANCED PROPERTY PRIOR TO THE END OF ITS USEFUL LIFE



Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN C	THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 10/1/2013

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO	52-1299414		12-23-2014	7,000,000	CONSTRUCT, IMPROVE AND EQUIP EAST		X		X		X
B THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JSAPER CO	52-1351539		12-23-2014	5,000,000	ACQUIRE, CONSTRUCT, IMPROVE AND EQ		X		X		X
C THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO	52-1299414	480639BL6	02-26-2015	40,712,377	REFUND 2004 BONDS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	7,000,000		5,000,000		40,712,377			
4	Gross proceeds in reserve funds	0		0		2,931,813			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	0		0		527,804			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	1,041,700		2,049,022		0			
11	Other spent proceeds	0		0		37,241,326			
12	Other unspent proceeds	5,958,300		2,950,978		0			
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?						X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?					X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c	Are there any research agreements that may result in private business use of bond-financed property?						X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government					0 220 %			
6	Total of lines 4 and 5					0 220 %			
7	Does the bond issue meet the private security or payment test?						X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?						X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?						X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINES A & B	The Series 2014A Bonds and the Series 2014B Bonds were treated as a single issue for federal tax purposes. However, these bonds have been reported separately on Schedule K. SCHEDULE K, PART I, LINE B, COLUMN F ACQUIRE, CONSTRUCT, IMPROVE AND EQUIP HOSPITAL FACILITIES

Return Reference	Explanation
SCHEDULE K, PART I, LINE C, COLUMN F	The 2004 Bonds were originally issued on 11/30/2004

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN A	The Bonds were issued as a draw-down loan under Regulations 1 150-1(c)(4)(i) The total amount of Bonds authorized was \$7,000,000, however, only \$1,041,700 had been drawn as of the Institution's fiscal year end

Return Reference	Explanation
SCHEDULE K, PART II, LINE 10, COLUMN A	The Bonds were issued as a draw-down loan under Regulations 1 150-1(c)(4)(i) The total amount of Bonds authorized was \$7,000,000, however, only \$1,041,700 had been drawn as of the Institution's fiscal year end

Return Reference	Explanation
SCHEDULE K, PART II, LINE 12, COLUMN A	This amount represents the remaining amount of sale proceeds that have been authorized but were not drawn as of Institution's fiscal year end



Return Reference	Explanation
SCHEDULE K, PART II, LINES 13 & 16, COLUMN A	PROJECT IS NOT COMPLETE

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3, COLUMN B	The Bonds were issued as a draw-down loan under Regulations 1 150-1(c)(4)(i) The total amount of Bonds authorized was \$5,000,000, however, only \$ 2,049,022 had been drawn as of the Institution's fiscal year end

Return Reference	Explanation
SCHEDULE K, PART II, LINE 10, COLUMN B	The Bonds were issued as a draw-down loan under Regulations 1 150-1(c)(4)(i) The total amount of Bonds authorized was \$5,000,000, however, only \$ 2,049,022 had been drawn as of the Institution's fiscal year end

Return Reference	Explanation
SCHEDULE K, PART II, LINE 12, COLUMN B	This amount represents the remaining amount of sale proceeds that have been authorized but were not drawn as of Institution's fiscal year end

Return Reference	Explanation
SCHEDULE K, PART II, LINES 13 & 16, COLUMN B	Project is not complete

Return Reference	Explanation
SCHEDULE K, PART II, LINE 6, COLUMN C	Proceeds of the Bonds were used to redeem the Series 2004 Bonds on 02/27/2015

Return Reference	Explanation
SCHEDULE K, PART II, LINE 11, COLUMN C	This amount represents \$37,170,351 used to refund the Series 2004 Bonds and \$82,409 allocated to pay interest on the Bonds on 8/15/2015

Return Reference	Explanation
SCHEDULE K, PART III, COLUMN A	The project is not complete and has not been placed-in-service



Return Reference	Explanation
SCHEDULE K, PART III, COLUMN B	The project is not complete and has not been placed-in-service

Return Reference	Explanation
SCHEDULE K, PART III, LINE 5, COLUMN C	Amount represents the maximum amount of nonqualified use that may result from unrelated trade or business activity

Return Reference	Explanation
SCHEDULE K, PART III, LINE 8A, COLUMN C	The hospital generally does not dispose of any bond financed property prior to the end of its useful life

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at**  
***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization FREEMAN HEALTH SYSTEM	Employer identification number  43-1704371
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total	▶ \$	0			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 43-1704371  
Name: FREEMAN HEALTH SYSTEM

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DEBORAH GAUDETTE	WIFE OF KEVIN GAUDETTE	64,800	EMPLOYEE COMPENSATION		No
(2) ADAM GRADDY	SON OF STEVE GRADDY, CFO	49,099	EMPLOYEE COMPENSATION		No
(3) KENT MCINTIRE	SON OF LARRY MCINTIRE	751,418	EMPLOYEE COMPENSATION		No
(4) PAM JONES	SISTER OF RICK SCHOOLER	26,137	EMPLOYEE COMPENSATION		No
(5) BRYAN GRADDY	SONE OF STEVE GRADDY, CFO	19,218	EMPLOYEE COMPENSATION		No
(6) LARRY ANNESSER	HUSBAND OF SUE ANNESSER	31,421	EMPLOYEE COMPENSATION		No
(7) HEATHER GRADDY	IN-LAW OF STEVE GRADDY	37,389	EMPLOYEE COMPENSATION		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

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	2	401,496	FMV
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 IV, Donee Acknowledgement . . . . .

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 three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II

33

If the organization did not 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.

Cat No 51227J

Schedule M (Form 990) (2014)

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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	NUMBER OF CONTRIBUTIONS THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS
SCHEDULE M, PART I, LINE 32B	THIRD PARTIES USED FOR NONCASH CONTRIBUTIONS THE ORGANIZATION USES A THIRD PARTY FOR THE SALE OF SECURITIES DONATED



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
FREEMAN HEALTH SYSTEM

**Employer identification number**

43-1704371

Return Reference	Explanation
FORM 990, PART I, LINE 1	VISION - TO BE THE LEADING PROVIDER OF PATIENT CENTERED, PHYSICIAN DIRECTED HEALTHCARE IN AN ENVIRONMENT OF COMPASSION AND TRUST, SUPPORTED BY DEDICATED EMPLOYEES WITH A DESIRE TO PROVIDE EXCELLENCE IN CARE AND SERVICE. FREEMAN HEALTH SYSTEM IN JOPLIN, MISSOURI IS A 404 BED, THREE HOSPITAL SYSTEM PROVIDING COMPREHENSIVE HEALTHCARE AND BEHAVIORAL HEALTH SERVICES TO AN AREA THAT INCLUDES MORE THAN 450,000 FROM MISSOURI, ARKANSAS, OKLAHOMA, AND KANSAS

Return Reference	Explanation	
FORM 990, PART III, LINE 4	FREEMAN HEALTH SYSTEM, NOT-FOR-PROFIT, COMMUNITY-OWNED, AND LOCALLY GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS, PROVIDES FULL-SERVICE HEALTHCARE TO SOUTHWEST MISSOURI, SOUTHEAST KANSAS, NORTHEAST OKLAHOMA, AND NORTHWEST ARKANSAS. A THREE-HOSPITAL HEALTH SYSTEM, FREEMAN PROVIDES COMPREHENSIVE SERVICES INCLUDING CANCER CARE, HEART CARE, ORTHOPAEDICS, NEUROSURGERY, WOMEN'S SERVICES, AND BEHAVIORAL HEALTHCARE. FREEMAN ACCEPTS MEDICAID AND MEDICARE PATIENTS AND OFFERS CHARITY CARE AND PAYMENT PLANS, PROVIDING A SAFETY NET TO A THIRD OF THE LOCAL POPULATION WITH HOUSEHOLD INCOMES BELOW \$25,000. FREEMAN ASKS ALL EMPLOYEES AND VOLUNTEERS TO EMBRACE THE MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES SERVED THROUGH CONTEMPORARY, INNOVATIVE, QUALITY HEALTHCARE SOLUTIONS. THE FREEMAN MEDICAL TEAM, WHICH INCLUDES MORE THAN 300 PHYSICIANS REPRESENTING 60 SPECIALTIES, USES THE LATEST TECHNIQUES, BEST PRACTICES, AND TECHNOLOGIES TO PROVIDE LIFESAVING MEDICAL CARE, PROVIDING CONSTITUENTS WITH THE HEALTHCARE THEY NEED RIGHT IN THEIR OWN BACKYARD. JOPLIN-AREA PATIENTS DO NOT HAVE TO TRAVEL TO BIG CITIES TO RECEIVE HEART INTERVENTIONS, CARDIOTHORACIC SURGERIES, NEUROSURGERIES, PAIN THERAPIES, INTENSIVE CARE, TRAUMA CARE, AND ADVANCED DIAGNOSTIC SERVICES. THE CLOSE-TO-HOME AVAILABILITY OF PROGRESSIVE HEALTHCARE SERVICES EASES STRESS ON PATIENTS, FOR WHOM TRAVEL CAN BE UNCOMFORTABLE, AND THEIR FAMILIES, FOR WHOM TRAVEL CAN PRESENT A GREAT FINANCIAL BURDEN. FREEMAN FAST FACTS FY 2015 (JOPLIN & NEOSHO COMBINED) - OUTPATIENT REGISTRATIONS 391,619 - EMERGENCY/TRAUMA/URGENT CARE VISITS 115,237 - FREEMAN OCCURRED VISITS 44,333 - ADMISSIONS 20,864 - SURGICAL PROCEDURES 11,197 - BIRTHS 2,357 - BABIES IN NEONATAL INTENSIVE CARE UNIT 348. OBESITY AND DIABETES ARE GROWING PROBLEMS WITH SERIOUS HEALTH IMPLICATIONS. ACCORDING TO THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, 12.6 PERCENT OF SOUTHWESTERN MISSOURI RESIDENTS HAVE DIABETES. TO ADDRESS THE PROBLEM AND PROVIDE EDUCATION TO THE COMMUNITY, FREEMAN DIABETES EDUCATION HOSTED THE SIXTH ANNUAL DIABETES EXPO IN NOVEMBER 2014. IT FEATURED PRESENTATIONS BY FREEMAN ENDOCRINOLOGISTS AND DIABETES EDUCATORS, AS WELL AS DIABETES-RELATED PRODUCT DEMONSTRATIONS. TO HELP ENSURE THE COMMUNITY HAS THE PHYSICIANS IT NEEDS, FREEMAN BROUGHT NINE PHYSICIANS INTO THE COMMUNITY DURING FY 2015, PROVIDING A GREAT BENEFIT, IN TERMS OF BOTH HEALTHCARE AND ECONOMICS. ACCORDING TO THE MISSOURI HOSPITAL ASSOCIATION, FAMILY PHYSICIANS MAKE AN ECONOMIC IMPACT OF MORE THAN \$1 MILLION EACH YEAR ON THE COMMUNITIES THEY SERVE. FOR 24 YEARS, FREEMAN ORTHOPAEDICS & SPORTS MEDICINE AND FREEMAN REHABILITATION SERVICES HAVE PROVIDED FREE ANNUAL PRESEASON PHYSICAL EXAMS FOR HUNDREDS OF ATHLETES ATTENDING AREA SCHOOLS. MORE THAN 75 VOLUNTEERS, INCLUDING DOCTORS, NURSES, THERAPISTS, AND OTHER CLINICIANS, ASSIST WITH THE EXAMS, SCHEDULED AT SPECIFIC TIMES THROUGHOUT THE YEAR. THESE FREE PRESEASON PHYSICALS PROVIDE COMPREHENSIVE EVALUATION AND ASSESSMENT TO ATHLETES PARTICIPATING IN A SANCTIONED SPORT IN A SCHOOL-BASED PROGRAM, THROUGH THE AREA'S PARKS AND RECREATION DEPARTMENTS, YMCAS, OR LOCAL LEAGUES, OR IN TRAINING TO COMPETE IN A SPECIFIC EVENT, SUCH AS A MARATHON OR TRIATHLON. A HUGE COMMUNITY BENEFIT IN FY 2015, THIS PROGRAM HELPED HUNDREDS OF FAMILIES BY PROVIDING REQUIRED MEDICAL EXAMINATIONS FREE OF CHARGE. ON A RELATED NOTE, FREEMAN CONTINUES OFFERING FREE SATURDAY MORNING SPORTS INJURY CLINICS IN FY 2015. THANKS TO DR. ROBERT LIEURANCE, A BOARD-CERTIFIED FREEMAN ORTHOPAEDICS & SPORTS MEDICINE PHYSICIAN WHO FELLOWSHIP-TRAINED IN SPORTS MEDICINE, STUDENT ATHLETES CAN OBTAIN FREE MEDICAL CARE FOR INJURIES SUSTAINED DURING THE PREVIOUS WEEK'S GAMES AT THESE CLINICS. THE CLINIC INCLUDES THE SERVICES OF DR. LIEURANCE, A PHYSICIAN ASSISTANT, AND FREEMAN ATHLETIC TRAINERS. THIS IS A GREAT COMMUNITY BENEFIT FOR THE FAMILIES OF INJURED ATHLETES. THROUGH THE CHAPLAINS FUND, FREEMAN OFFERS HELP TO PATIENTS UPON DISMISSAL FROM THE HOSPITAL - SOMETIMES PATIENTS CAN'T AFFORD A NEEDED PRESCRIPTION OR DON'T HAVE A WAY TO GET HOME. IN FY 2015, THE CHAPLAINS FUND PROVIDED A COMMUNITY BENEFIT OF \$37,812 THROUGH ASSISTANCE FOR PRESCRIPTIONS, TRANSPORTATION, MEALS AND OTHER ISSUES TO 2,044 PEOPLE. IN TERMS OF COMMUNITY SERVICE AS A COMMUNITY BENEFIT, FREEMAN EMPLOYEES SPENT 40,309.5 HOURS ENGAGED IN COMMUNITY BENEFIT ACTIVITIES IN FY 2015. THIS ON-THE-JOB COMMUNITY BENEFIT INCLUDES TIME FREEMAN HEALTHCARE PROFESSIONALS SPENT TRAINING OR SERVING AS PRECEPTORS FOR STUDENT NURSES, MEDICAL STUDENTS, AND RESIDENT PHYSICIANS, AMONG OTHERS. STAFF MEMBERS ALSO SPENT COUNTLESS HOURS GIVING TOURS TO SCHOOL AND COMMUNITY GROUPS, WORKING WITH HIGH SCHOOL STUDENTS AND OTHER COMMUNITY MEMBERS ON JOB-SHADOWING PROJECTS, AND ENGAGING THE PUBLIC THROUGH PUBLIC PROGRAMS AND EVENTS. FREEMAN PROVIDES EMERGENCY CARE FOR ALL WHO ENTER ITS DOORS, REGARDLESS OF THE PATIENT'S ABILITY TO PAY OR INSURANCE STATUS. FREEMAN ENDEAVORS TO GIVE PATIENTS MO	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4	<p>RE OPTIONS FOR PAYING THEIR BILLS, INCLUDING SETTING UP PAYMENT PLANS FOR QUALIFYING PATIENTS, A PROGRAM THAT PROVES ESPECIALLY BENEFICIAL TO PEOPLE WHO HAVE HEALTH INSURANCE, BUT LACK FUNDS TO PAY LARGE DEDUCTIBLES, CO-PAYS, OR OUT-OF-POCKET EXPENSES. ON A RELATED NOTE, FREEMAN ALLOWS FREEMAN EMPLOYEES TO PAY OFF HOSPITAL BILLS IN INSTALLMENTS AS LOW AS \$50 EVERY TWO WEEKS. CONSIDERING THE FACT THAT FREEMAN EMPLOYS MORE THAN 4,000 PEOPLE AND MOST OF THEIR FAMILIES RECEIVE TREATMENT AT FREEMAN, THIS ACT ALONE AMOUNTS TO A SIZABLE COMMUNITY BENEFIT. FREEMAN URGENT CARE, WITH WALK-IN CLINICS IN JOPLIN AND WEBB CITY, OFFERS CONVENIENT, COST-EFFECTIVE CARE FOR MINOR MEDICAL ISSUES. WHILE FREEMAN URGENT CARE PROVIDES PATIENTS, INCLUDING THOSE WITHOUT PRIMARY CARE PROVIDERS, AN APPROPRIATE, LESS EXPENSIVE ALTERNATIVE TO AN EMERGENCY ROOM VISIT, MANY PATIENTS STILL CHOOSE TO USE THE EMERGENCY ROOM FOR PRIMARY MEDICAL CARE. FREEMAN HELPS MANY ORGANIZATIONS THAT, IN TURN, HELP SOME OF THE MOST FRAGILE MEMBERS OF THE COMMUNITY. FOR INSTANCE, FOR \$1 PER YEAR, FREEMAN LEASES THE LAND AND BUILDING AT 34TH STREET AND INDIANA AVENUE TO CHILDREN'S CENTER OF SOUTHWEST MISSOURI, A NOT-FOR-PROFIT AGENCY THAT PROTECTS AND ADVOCATES FOR CHILDREN WHO HAVE BEEN VICTIMS OF ABUSE. SIMILARLY, FREEMAN LEASES LAND TO RONALD MCDONALD HOUSE CHARITIES OF THE FOUR STATES FOR \$1 PER YEAR, AND FREEMAN MAINTAINS THE GROUNDS AND PROVIDES HOUSEKEEPING SERVICES, SERVICES WITH AN ANNUAL RETAIL VALUE OF \$5,457.33. FREEMAN HEALTH SYSTEM CONTRIBUTES TO THE HEALTH OF THE COMMUNITY BY CREATING A WIDE RANGE OF CAREER OPPORTUNITIES. PROFESSIONALS IN MANY FIELDS AT FREEMAN EARN ABOVE-AVERAGE WAGES AND SALARIES, AND THE BENEFITS FREEMAN OFFERS HELP ATTRACT AND MAINTAIN AN AFFLUENT MIDDLE CLASS, WHOSE MEMBERS BUY HOMES, SPEND MONEY, AND BOOST THE AREA ECONOMY. IN FY2015, FREEMAN HEALTH SYSTEM PROVIDED PAYROLL AND BENEFITS TOTALING \$218,058,329 TO HELP ENSURE A STEADY SUPPLY OF PHYSICIANS, NURSES, AND OTHER CLINICIANS IN THE FUTURE. FREEMAN EDUCATES YOUNG PEOPLE ABOUT HEALTHCARE CAREERS. HIGH SCHOOL STUDENTS PARTICIPATE IN A SUMMER VOLUNTEER PROGRAM, WORKING WITH HEALTHCARE PROFESSIONALS IN REAL-LIFE HOSPITAL SITUATIONS. THE HIGH SCHOOL VOLUNTEER PROGRAM ALSO PROVIDES SCHOLARSHIP MONEY FOR OUTSTANDING PARTICIPANTS. ADDITIONALLY, FREEMAN HEALTH ACADEMY, PROVIDED AT NO COST TO FAMILIES, REACHES OUT TO MIDDLE SCHOOL STUDENTS TO HELP THEM PREPARE FOR HEALTHCARE CAREERS. THE FIRST PROGRAM OF ITS KIND IN THE COMMUNITY, IT GIVES STUDENTS THE OPPORTUNITY TO LEARN ABOUT HEALTHCARE CAREERS FROM FREEMAN PHYSICIANS AND STAFF. IT ENCOURAGES STUDENTS TO GRADUATE FROM HIGH SCHOOL AND HELPS THEM CHOOSE HIGH SCHOOL COURSES, SUCH AS SCIENCE AND MATH, TO PREPARE THEM FOR FURTHER EDUCATION AND HEALTHCARE CAREERS. IN FY 2015, FREEMAN CONTINUED OFFERING HEALTH INSURANCE MARKETPLACE EDUCATION AND ENROLLMENT TO HELP PEOPLE COMPLY WITH AND UNDERSTAND THE AFFORDABLE CARE ACT. WITH A GRANT FROM MISSOURI FOUNDATION FOR HEALTH, FREEMAN WORKED WITH OTHER AREA HEALTHCARE ORGANIZATIONS TO CONDUCT FREE EVENTS THROUGHOUT THE YEAR IN SEVERAL SOUTHWESTERN MISSOURI COMMUNITIES. FREEMAN IS COMMITTED TO IMPROVING THE HEALTH OF ALL PEOPLE LIVING WITHIN THE COMMUNITIES SERVED BY FREEMAN. TO THIS END, FREEMAN DONOR COUNCIL, COMPOSED OF FREEMAN CAREGIVERS WHO VOLUNTEER THEIR TIME TO PROMOTE ORGAN, EYE, AND TISSUE DONATION AWARENESS, HAD PROVIDED EDUCATION TO PATIENTS FOR DECADES. FREEMAN HEALTH SYSTEM HOSTED "AT THE HEART OF THE MATTER," A WOMEN'S HEART HEALTH LUNCHEON AND WELLNESS SEMINAR, ATTENDED BY HUNDREDS FROM ACROSS THE AREA. THE PURPOSE OF THE EVENT WAS TO GIVE WOMEN INFORMATION ABOUT HEART DISEASE, ITS CAUSES AND HOW IT CAN BE PREVENTED. FREEMAN ADVANTAGE, A WELLNESS AND LIFESTYLE PROGRAM FOR OLDER ADULTS, OFFERED LOW-COST DRIVER SAFETY CLASSES IN FY2015. THESE AARP SMART DRIVER COURSES OFFERED OLDER DRIVERS THE OPPORTUNITY TO REFRESH THEIR SKILLS, BRUSH UP ON RULES OF THE ROAD, AND MAKE THE PUBLIC STREETS SAFE.</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	<p>OUTPATIENT SERVICES EMERGENCY SERVICES THE 2011 TORNADO THAT TORE THROUGH JOPLIN, MISSOURI, DESTROYED ONE OF THE CITY'S TWO FULL-SERVICE HOSPITALS. THIS LEFT FREEMAN HOSPITAL WEST AS THE ONLY LEVEL II TRAUMA CENTER IN THE AREA. FREEMAN RETAINED THIS STATUS THROUGH FY 2015. THE EMERGENCY DEPARTMENT/TRAUMA CENTER AT FREEMAN HOSPITAL WEST TREATS APPROXIMATELY 45,000 PATIENTS EACH YEAR. EMERGENCY ROOMS ROUTINELY DEAL WITH HOMELESS, MENTALLY ILL AND SUBSTANCE-ADDICTED PATIENTS. FREEMAN PLACES MENTAL HEALTH COUNSELORS IN THE EMERGENCY ROOM ON AN AROUND-THE-CLOCK BASIS. THESE COUNSELORS ARE AVAILABLE TO TALK WITH PATIENTS WHO SHOW SIGNS OF MENTAL HEALTH OR SUBSTANCE ABUSE CONDITIONS. AFTER THOROUGH EVALUATION, THE COUNSELORS OFFER RECOMMENDATIONS REGARDING FOLLOW-UP CARE RANGING FROM ASSESSMENT OF SUICIDALITY AND NEED FOR INPATIENT PSYCHIATRIC HOSPITALIZATION TO MAKING OUTPATIENT THERAPY APPOINTMENTS FOR PATIENTS BEFORE THEY LEAVE THE EMERGENCY ROOM. IF EVALUATION MANDATES HOSPITALIZATION, COUNSELORS HELP FIND AN APPROPRIATE BED AND TRANSPORTATION. ON AVERAGE, COUNSELORS EVALUATE AND RECOMMEND TREATMENT FOR 54 PSYCHIATRIC PATIENTS EACH WEEK. AS A RESULT OF THIS INTERVENTION, MANY PREVIOUS FREQUENT VISITORS TO THE EMERGENCY ROOM HAVE BEEN REDIRECTED TO APPROPRIATE PSYCHIATRIC OR SUBSTANCE ABUSE PROGRAMS. EVERY TWO MINUTES, SOMEWHERE IN AMERICA, SOMEONE IS SEXUALLY ASSAULTED. FREEMAN DOCTORS AND NURSES OFFER COMPASSIONATE AND COMPREHENSIVE CARE TO VICTIMS OF SEXUAL ASSAULT IN THE EMERGENCY ROOM THROUGH THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM. THE PROGRAM PROVIDES A COORDINATED HOSPITAL RESPONSE AND CONTINUUM OF CARE FOR VICTIMS OF SEXUAL VIOLENCE AND ENSURES A MEDICAL EVALUATION, STANDARDIZED FORENSIC EXAMINATION WITH EVIDENCE COLLECTION, AND EFFECTIVE INTERFACE WITH LAW ENFORCEMENT AND ADVOCACY SERVICES. IT ALSO PROVIDES EDUCATION TO LOCAL COMMUNITIES ON SEXUAL VIOLENCE AWARENESS, PREVENTION AND AVAILABLE SERVICES. THE NURSE EXAMINER REPORTS THE CRIME AND/OR COLLECTS EVIDENCE OF THE SEXUAL ASSAULT ONLY AT THE VICTIM'S REQUEST. THE SANE PROGRAM AT FREEMAN IS THE ONLY ONE OF ITS KIND IN THE AREA. IN PARTNERSHIP WITH LAFAYETTE HOUSE, THE PROGRAM ALSO OFFERS EMERGENCY SHELTER AND SERVICES. MANY PATIENTS, WHO DON'T HAVE A PRIMARY CARE PHYSICIAN, TURN THE FREEMAN EMERGENCY ROOM FOR ROUTINE MEDICAL CARE. WHILE FREEMAN TRIES TO EDUCATE THE COMMUNITY OF THE BENEFITS OF USING URGENT CARE CLINICS AND ESTABLISHING A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN, PATIENTS STILL VISIT THE FREEMAN EMERGENCY ROOM FOR CARE OF COLDS, STOMACH ACHES, BUMPS AND BRUISES THAT COULD BE MORE EFFICIENTLY TREATED IN OTHER VENUES. THE COST OF PROVIDING TREATMENT IN THE EMERGENCY ROOM SETTING IS EXTREMELY EXPENSIVE, AND MANY OF THE PATIENTS SEEKING EMERGENCY CARE HAVE NO INSURANCE. AS A RESULT, FREEMAN HEALTH SYSTEM OFTEN HAS TO PICK UP THE COST OF EMERGENCY TREATMENT. FREEMAN AMBULANCE SERVICE COVERS THE ENTIRE 540-MILE McDONALD COUNTY AREA, AVERAGE RAGING MORE THAN 60,000 MILES PER YEAR PER AMBULANCE. WITH TWO STATE-OF-THE-ART AMBULANCES, FREEMAN AMBULANCE SERVICE PROVIDES RELIABLE, SAFE, AND COMFORTABLE TRANSPORTATION ACROSS THE OFTEN-DIFFICULT, STEEP, TWISTING ROADS OF McDONALD COUNTY, AN AREA THAT HAS BEEN DESIGNATED "MEDICALLY UNDERSERVED" BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION. THE NEED FOR SERVICES IN THIS AREA IS DRAMATIC, AND FREEMAN AMBULANCE SERVICE OPERATES AT A LOSS. ALL PATIENTS ARE SERVED REGARDLESS OF ABILITY TO PAY FOR THE SERVICE. PEDIATRIC SPECIALTY CARE FREEMAN HEALTH SYSTEM NOW PARTNERS WITH CHILDREN'S MERCY TO ENHANCE CARE FOR CHILDREN IN THE FOUR-STATE AREA. AS PART OF THIS COLLABORATION, CHILDREN'S MERCY OPENED A PERMANENT LOCATION WITH SEVERAL SPECIALTY CLINICS ON THE FREEMAN CAMPUS. THESE NEW JOPLIN CLINICS, KNOWN AS CHILDREN'S KANSAS CITY, ARE AN EXTENSION OF CHILDREN'S MERCY, A NATIONALLY RANKED PEDIATRIC MEDICAL CENTER IN KANSAS CITY, WITH FULL SUPPORT OF ITS 600 PEDIATRIC SPECIALISTS. PEDIATRIC SPECIALTIES OFFERED AT THE CLINIC INCLUDE CARDIOLOGY, ENDOCRINOLOGY/DIABETES, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, NEPHROLOGY, RHEUMATOLOGY AND MORE. CONVENIENT ACCESS TO THIS CALIBER OF PEDIATRIC SPECIALTY CARE NOT ONLY IMPROVES OUTCOMES FOR PEDIATRIC PATIENTS - IT ALSO SAVES FAMILIES THE EXPENSE AND TIME INVOLVED WITH DRIVING TO KANSAS CITY FOR CLINIC APPOINTMENTS. SCHOOL-BASED MEDICINE IN FY2015, FREEMAN HEALTH SYSTEM ENTERED INTO A SCHOOL-BASED MEDICINE PARTNERSHIP WITH THE CARL JUNCTION SCHOOLS TO CREATE GREATER ACCESS TO HEALTHCARE FOR STUDENTS AND FACULTY Alike. INCREASED ACCESS TO MEDICAL SERVICES RESULTS IN NOT ONLY AN ENVIRONMENT OF WELLNESS FOR THE SCHOOL, BUT ALSO FOR THE ENTIRE COMMUNITY. ANOTHER BENEFIT OF SCHOOL-BASED MEDICINE IS THAT IT DECREASES TIME LOST FROM THE CLASSROOM FOR STUDENTS AND FACULTY NEEDING MEDICAL ATTENTION. THROUGH A DIRECT TELEHEALTH CONNECTION, A FREEMAN NURSE PRACTITIONER AT CARL JUNCTION FAMILY MEDICINE CONSULTS WITH THE SCHOOL NURSE AND PATIENT VIA VIDEO CONFERENCE.</p>	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	ADDITIONALLY , IF IT'S DETERMINED THAT A STUDENT NEEDS FURTHER EVALUATION, FREEMAN CAN PROV IDE TRANSPORTATION TO THE CLINIC, WITH THE PARENTS' PERMISSION

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	<p>INPATIENT SERVICES FREEMAN JOPLIN INPATIENT SERVICES TOTALED 19,844 CASES, OF WHICH, 4,231 OR 21%, WERE MEDICAID CASES. ADDITIONALLY, 1,652 INPATIENT CASES, OR 8% OF THE TOTAL, FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. CRITICAL CARE AFTER THE 2011 TORNADO, FREEMAN FOUND THAT THE COMMUNITY NEEDED A HOSPITAL WITH THE ABILITY TO TREAT LARGE NUMBERS OF CRITICAL CARE PATIENTS. WHILE FREEMAN HAS A 33-BED INTENSIVE CARE UNIT AND A SEVEN-BED CARDIOVASCULAR INTENSIVE CARE UNIT, THE HEALTH SYSTEM DECIDED TO INCREASE ITS CAPACITY TO SERVE PATIENTS NEEDING CRITICAL CARE SERVICES BY DEDICATING THE ENTIRE SIXTH FLOOR TO CRITICAL CARE AS WELL. THE SIXTH FLOOR INCLUDES THE AREA'S FIRST TRANSITIONAL CARE UNIT (TCU), WHICH CARES FOR PATIENTS TOO ILL FOR THE GENERAL MEDICAL FLOOR, BUT WELL ENOUGH THAT THEY NO LONGER REQUIRE THE LEVEL OF SERVICES PROVIDED BY THE INTENSIVE CARE UNIT. ADDITIONALLY, THE SIXTH FLOOR INCLUDES CARDIAC/MEDICAL UNIT 2 (CMU-2) TO SERVE KIDNEY PATIENTS NEEDING DIALYSIS. ALL NURSES IN THIS UNIT HAVE ADVANCED CARDIAC AND DIALYSIS TRAINING. IN FY 2015, FREEMAN ADDED A NEW, EXPANDED INPATIENT DIALYSIS UNIT ON THE SIXTH FLOOR TO IMPROVE SERVICES TO CRITICALLY ILL KIDNEY PATIENTS. ADDITIONALLY IN FY 2015, FREEMAN HELD THE FIRST-EVER MARCH OF THE KIDNEY FUNDRAISER IN SUPPORT OF KIDNEY PATIENTS ON DIALYSIS. THE ONE-MILE WALK, HELD MARCH 14, 2015, AT NORTH PARK MALL, DREW PARTICIPANTS FROM AROUND THE FOUR STATES TO HELP PATIENTS WHO STRUGGLE WITH MEDICAL, NUTRITIONAL AND TRANSPORTATION EXPENSES. MORE THAN \$30,000 WAS RAISED WITH 100 PERCENT OF THE PROCEEDS GOING DIRECTLY TO THOSE IN NEED THROUGH THE NEW FREEMAN DIALYSIS PATIENT FUND. FREEMAN JOPLIN CRITICAL CARE SERVICES TOTALED 4,185 CASES, OF WHICH, 394, OR 9%, WERE MEDICAID CASES. ADDITIONALLY, 7% OF THE CRITICAL CARE CASES FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. FREEMAN PEDIATRIC UNIT THE FREEMAN PEDIATRIC UNIT PROVIDES CARE TO CHILDREN FROM BIRTH TO AGE 18 AND WORKS WITH FAMILIES TO MAKE THEIR CHILDREN'S HOSPITALIZATION LESS TRAUMATIC BY ENCOURAGING PARENTAL INVOLVEMENT. CHAIR BEDS IN EACH ROOM, AS WELL AS MEAL TRAYS FOR PARENTS, ENABLE FAMILIES TO REMAIN TOGETHER DURING DIFFICULT TIMES. EACH ROOM HAS A TV/VCR, VIDEOS AND VIDEO GAMES ARE AVAILABLE UPON REQUEST. THE UNIT INCLUDES A BRIGHTLY DECORATED EXAMINATION ROOM AND A PLAYROOM FILLED WITH BOOKS AND TOYS. FREEMAN JOPLIN INPATIENT PEDIATRIC SERVICES TOTALED 444 CASES, OF WHICH, 265, OR 60%, WERE MEDICAID CASES. ADDITIONALLY, 5% OF THE PEDIATRIC INPATIENT CASES FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. MATERNITY SERVICES DESIGNED TO GIVE NEW MOTHERS AND THEIR FAMILIES THE COMFORTS OF HOME WITHIN THE SECURITY OF A HOSPITAL, FREEMAN MATERNITY CENTER DELIVERED 2,357 BABIES IN FY 2015. THE UNIT INCLUDES BOARD-CERTIFIED OBSTETRICIANS AVAILABLE 24 HOURS A DAY AND THE REGION'S ONLY BOARD-CERTIFIED PERINATOLOGIST CARING FOR PATIENTS WITH HIGH-RISK PREGNANCIES. IN FY 2015, FREEMAN HEALTH SYSTEM WAS ONE OF 19 HOSPITALS IN MISSOURI RECOGNIZED BY THE MARCH OF DIMES FOR HAVING ZERO ELECTIVE EARLY INDUCTIONS OR CESAREAN DELIVERIES PERFORMED BEFORE THE 39TH WEEK OF PREGNANCY. THE MARCH OF DIMES SAID THIS GIVES MORE BABIES A HEALTHY START IN LIFE, NOTING THAT BABIES DELIVERED BEFORE FULL TERM ARE AT INCREASED RISK OF SERIOUS HEALTH PROBLEMS AND DEATH IN THEIR FIRST YEAR OF LIFE. RECENT RESEARCH BY THE MARCH OF DIMES, THE NATIONAL INSTITUTES OF HEALTH AND THE U.S. FOOD AND DRUG ADMINISTRATION FOUND THAT THE RISK OF DEATH MORE THAN DOUBLES FOR INFANTS BORN AT 37 WEEKS OF PREGNANCY WHEN COMPARED TO BABIES BORN AT 40 WEEKS FOR ALL RACES AND ETHNICITIES. BABIES BORN JUST A FEW WEEKS EARLY ALSO HAVE HIGHER RATES OF HOSPITALIZATION AND ILLNESS THAN FULL-TERM INFANTS. IN FY 2015, FREEMAN MATERNITY CENTER SERVED 1,077 MEDICAID PATIENTS, OR 46% OF ITS CASELOAD. SELF-PAY PATIENTS (THOSE WITH NO INSURANCE) REPRESENTED 4% OF THE MOTHERS DELIVERING BABIES AT FREEMAN. AS THESE STATISTICS INDICATE, FREEMAN PROVIDES A SAFETY NET FOR EXPECTANT MOTHERS WHO LIVE IN POVERTY AND RECEIVE GOVERNMENT ASSISTANCE AND THOSE WHO SCRAPE BY WITHOUT ASSISTANCE BUT HAVE NO HEALTH INSURANCE. MEDICAID REIMBURSEMENT DOES NOT COVER THE COST OF PROVIDING THE LEVEL OF TREATMENT REQUIRED. IN FY 2015, COMPLETE REMODELING OF THE FREEMAN MATERNITY CENTER BEGAN WITH CONSTRUCTION CONTINUING INTO FY 2016. RENOVATIONS INCLUDE ALL-NEW PATIENT ROOMS, HALLWAYS, NURSES STATION AND NURSERY. THE PROJECT ALSO INCLUDES INSTALLING THE LATEST EQUIPMENT AND TECHNOLOGIES, ALONG WITH BRAND NEW CEILINGS, WALL FINISHES, FLOORING, FURNISHINGS AND ART. NURSING STATIONS LOCATED CLOSER TO PATIENTS WILL RESULT IN BETTER SERVICE FOR MOMS AND FEWER STEPS FOR NURSES. SPACIOUS, NEW PATIENT ROOMS WILL MAKE IT POSSIBLE FOR MOTHERS AND BABIES TO ROOM-IN TOGETHER FOR AN ENHANCED BONDING EXPERIENCE. EACH ROOM WILL HAVE A COUCH FOR DAD OR ANOTHER LOVED ONE, A SINK FOR BATHING BABY, SPECIAL LIGHTING FOR BABY ASSESSMENTS, A ROCKING RECLINER, A NEW BATHROOM, A COMMUNICATION BOARD WITH</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4B		<p>H EDUCATIONAL FEATURES AND A FLAT-PANEL TV THE ENTIRE DEPARTMENT WILL HAVE ENHANCED SAFETY FEATURES, INCLUDING LOCK-DOWN CAPABILITIES WITH CAMERAS IN THE HALLWAYS AND AN INFANT BANDING AND SECURITY SYSTEM. ADDITIONALLY, CONSTRUCTION BEGAN ON IMPROVEMENTS TO THE LABOR AND DELIVERY AREA, WITH AN HVAC UPGRADE IN THE SURGICAL SUITES THAT WILL INCREASE THE NUMBER OF AIR EXCHANGES TO 25 PER HOUR. THIS WILL MINIMIZE THE ENTRANCE OF AIRBORNE BACTERIA INTO THE STERILE FIELD AND IMPROVE THE SAFETY AND QUALITY OF SURGICAL PROCEDURES IN OUR OPERATING SUITES. NICU IN FY 2015, FREEMAN HAD THE REGION'S ONLY NEONATAL INTENSIVE CARE UNIT (NICU) PROVIDING IMMEDIATE CRITICAL CARE FOR PREMATURE AND CRITICALLY ILL INFANTS. THE UNIT INCLUDES SKILLED AND EXPERIENCED PHYSICIANS AND STAFF WHO STAND READY TO PROVIDE THE IMMEDIATE CRITICAL CARE PREMATURE BABIES NEED. FREEMAN NICU PROVIDES SPECIALIZED CARE USING STATE-OF-THE-ART TECHNOLOGY AND DECADES OF EXPERIENCE. SURVIVAL RATES FOR INFANTS LESS THAN THREE POUNDS HAVE INCREASED SIGNIFICANTLY AS A RESULT OF THE OUTSTANDING MEDICAL CARE PROVIDED BY THE FREEMAN NICU TEAM OF DOCTORS, NEONATAL NURSE PRACTITIONERS, SPECIALIZED DEVELOPMENTAL THERAPISTS AND NURSES. IN FY 2015, FREEMAN NICU CELEBRATED ITS 20TH ANNIVERSARY. THANKS TO THE CARE PROVIDED BY FREEMAN NICU, MORE THAN 5,500 BABIES BORN PREMATURELY OR CRITICALLY ILL HAVE RECEIVED A FIGHTING CHANCE TO LIVE. IN HONOR OF THIS ANNIVERSARY, GENEROUS DONORS PRESENTED FREEMAN NICU WITH THE ANGEL EYE CAMERA SYSTEM THAT PERMITS FAMILY MEMBERS WHO ARE AWAY FROM THE HOSPITAL TO CHECK IN ON THEIR NICU BABIES THROUGH A LIVE VIDEO FEED AND AUDIO CONNECTION. IN FY 2015, FREEMAN NICU SERVED 348 PREMATURELY BORN OR CRITICALLY ILL BABIES. OF THESE TINY PATIENTS, 208 RECEIVED MEDICAID, WHICH REPRESENTS 60% OF FREEMAN NICU'S CASELOAD. SELF-PAY PATIENTS (THOSE WITH NO INSURANCE) REPRESENTED 4% OF FREEMAN NICU PATIENTS. NEONATAL INTENSIVE CARE IS EXTREMELY EXPENSIVE TO PROVIDE, AND MEDICAID REIMBURSEMENT DOES NOT COVER THE COST OF PROVIDING THE LEVEL OF TREATMENT REQUIRED. SURGICAL CARE CONSTRUCTION ON A NEW OPERATING ROOM BEGAN AT FREEMAN WEST IN FY 2015 AND CONTINUED INTO FY 2016. THE NEW ROOM INCLUDES ROOM FOR ALL OF THE LATEST TECHNOLOGIES, SUCH AS THE O-ARM IMAGING SYSTEM, WHICH IMPROVES PATIENT OUTCOMES BY GIVING SURGEONS A REAL-TIME, PRECISE 3D IMAGES OF THE PATIENT'S ANATOMY. ADDITIONALLY WORK BEGAN ON A COMPLETE RENOVATION OF THE POST-SURGERY RECOVERY AREA WITH MANY IMPROVEMENTS TO IMPROVE PATIENT CARE.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>FREEMAN CANCER INSTITUTE. FREEMAN CANCER INSTITUTE EMPLOYS A SOCIAL WORKER TO HELP PATIENTS DEAL WITH THE ISSUES SURROUNDING TREATMENT AND RECOVERY. ADDITIONALLY, FREEMAN STAFF WORK WITH DRUG COMPANIES AND OTHER ORGANIZATIONS TO PROCURE FREE CANCER MEDICATIONS FOR PATIENTS WHO CANNOT AFFORD THEM. FREEMAN CANCER PATIENTS HAVE THE OPPORTUNITY TO TAKE ADVANTAGE OF A SPECIAL RESOURCE AT FREEMAN CANCER INSTITUTE. HAIR LOSS IS A VERY REAL CONCERN FOR WOMEN UNDERGOING CANCER TREATMENT. WOMEN IN JOPLIN AND SURROUNDING AREAS HAVE THE OPPORTUNITY TO RECEIVE A FREE HEADDRESS FROM AMERICAN CANCER SOCIETY RESOURCE CENTER, LOCATED INSIDE FREEMAN CANCER INSTITUTE. THE CANCER RESOURCE CENTER IS DEDICATED TO BOOSTING A WOMAN'S CONFIDENCE DURING THIS DIFFICULT PERIOD IN HER LIFE. THE RESOURCE CENTER WIG ROOM OFFERS WIGS AS GIFTS TO WOMEN WHO CANNOT AFFORD THEM. SCARVES AND HATS ARE ALSO AVAILABLE. WOMEN ARE INVITED TO SELECT THEIR CHOICE OF HEADDRESS, AND WITH THE HELP OF A STAFF MEMBER, SELECT A PIECE MOST BECOMING TO THEM. TO HELP CATCH BREAST CANCER WHILE IT IS TREATABLE, HELPING FRIENDS MAMMOGRAM FUND, ADMINISTERED THROUGH FREEMAN DEVELOPMENT OFFICE, PROVIDES MAMMOGRAMS FOR WOMEN WHO CAN'T AFFORD THEM. IN FY2015, HELPING FRIENDS MAMMOGRAM FUND HELPED 13 WOMEN BY PROVIDING \$3,932.50 IN MAMMOGRAMS, AS WELL AS EDUCATIONAL MATERIALS. FREEMAN CANCER SUPPORT GROUP OFFERS AN OPPORTUNITY FOR CANCER PATIENTS, SURVIVORS AND FAMILY MEMBERS TO TALK ABOUT THEIR EXPERIENCES AND LEARN ABOUT SUPPORT AND RESOURCES IN A CARING AND INFORMATIVE ENVIRONMENT. MEETINGS, WHICH ARE FREE AND OPEN TO THE PUBLIC, ARE HELD MONTHLY. ADDITIONALLY, A BREAST CANCER SUPPORT GROUP WAS STARTED IN FY2015 SPECIFICALLY TO ADDRESS THE NEEDS OF WOMEN FACING BREAST CANCER. IT MEETS MONTHLY TO GIVE PATIENTS, SURVIVORS AND FAMILY MEMBERS AN OPPORTUNITY TO TALK ABOUT THEIR EXPERIENCES WITH THE DISEASE. SUPPORT AND RESOURCES ARE OFFERED IN CARING AND INFORMATIVE ENVIRONMENT. ALL MEETINGS ARE FREE AND OPEN TO THE PUBLIC. CLINICAL TRIALS FOR CANCER PATIENTS. FREEMAN ALSO OFFERS CANCER PATIENTS THE OPPORTUNITY TO PARTICIPATE IN CLINICAL TRIALS. A CLINICAL TRIAL IS A CAREFULLY DESIGNED STUDY IN WHICH PATIENTS WILLINGLY PARTICIPATE IN RESEARCH INVESTIGATIONS AND TREATMENTS UNDER CLOSE SUPERVISION OF A PHYSICIAN AND OTHER MEDICAL PROFESSIONALS. CLINICAL TRIALS TAKE PLACE IN PHASES. THEY ARE REVIEWED BY AN INDEPENDENT BOARD TO PROTECT THE RIGHTS AND WELFARE OF PARTICIPANTS, SPONSORED BY VARIOUS ORGANIZATIONS, SUCH AS MEDICAL INSTITUTIONS AND PHARMACEUTICAL COMPANIES, AND MONITORED AND SUPPORTED BY GOVERNMENT AGENCIES, SUCH AS THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE U.S. FOOD AND DRUG ADMINISTRATION. CLINICAL TRIALS KEEP PARTICIPATING PATIENTS INFORMED OF WHAT'S HAPPENING DURING THE COURSE OF THE TRIAL. THESE PATIENTS OFTEN BECOME THE BEST ADVOCATES IN ADVANCING MEDICAL RESEARCH. WHILE PATIENTS RECEIVE NO PAY FOR PARTICIPATION IN CLINICAL TRIALS, THEY DO GET A CHANCE TO TRY EMERGING THERAPIES, HELPING THEMSELVES AND OTHERS IN THE FUTURE. IN FY 2015, CONSTRUCTION BEGAN ON THE NEW FREEMAN RADIATION ONCOLOGY CENTER AND CONTINUED INTO FY 2016. THE PROGRAM INCLUDES THE ACQUISITION OF A TOP-OF-THE-LINE VARIAN TRUEBEAM LINEAR ACCELERATOR - THE BEST ON THE MARKET TODAY. THIS TECHNOLOGY HELPS A TEAM OF PHYSICIANS TREAT A BROAD RANGE OF CANCERS WITH HIGH ENERGY X-RAYS THAT DESTROY CANCER CELLS WHILE MINIMIZING DAMAGE TO THE SURROUNDING TISSUE. THE ACCELERATOR PINPOINTS HARD-TO-REACH TUMORS THROUGH PRECISE SHAPING OF THE X-RAY BEAM AND ALLOWS PATIENTS TO EXPERIENCE SHORTER, MORE COMFORTABLE TREATMENTS WITH FEWER COMPLICATIONS. THIS NEW PROGRAM WILL ENABLE ONCOLOGISTS TO COMMUNICATE SEAMLESSLY WITH RADIATION ONCOLOGISTS TO ENSURE THE BEST OUTCOMES FOR PATIENTS.</p>



Return Reference	Explanation
FORM 990, PART V, LINE 2A	COMMON PAY MASTER ARRANGEMENT & SALARIES FREEMAN HEALTH SYSTEM FILES ALL W-2'S ON BEHALF OF FREEMAN NEOSHO HOSPITAL (FNH), A RELATED ORGANIZATION THE AMOUNT OF W-2'S FILED FOR THE YEAR ON PART V, LINE 2A, INCLUDES THE AMOUNT OF W-2'S FILED ON BEHALF OF FNH FOR THOSE THAT WORK PRIMARILY FOR FNH AND THE W-2'S FILED FOR FREEMAN HEALTH SYSTEM EMPLOYEES SALARY AND BENEFITS EXPENSES ARE ALLOCATED FROM FREEMAN HEALTH SYSTEM TO FNH FOR THOSE EMPLOYEES WHO WORK PRIMARILY FOR FNH

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF THE FORM 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION PRIOR TO FILING, THE DRAFT OF THE FORM 990 IS REVIEWED BY MEMBERS OF TOP MANAGEMENT ONCE A FINAL DRAFT IS READY , A POWER POINT PRESENTATION IS MADE TO THE BOARD MEMBERS AT THE BOARD OF DIRECTORS MEETING TO EXPLAIN THE 990 AND ITS USES THE BOARD REVIEWS THE DOCUMENT FOR KEY INFORMATION INCLUDED PAPER COPIES ARE MADE AVAILABLE TO THE BOARD MEMBERS AT THEIR REQUEST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE BOARD OF DIRECTORS EACH YEAR IN APRIL THE BOARD MEMBERS ARE ASKED TO SIGN A NEW CONFLICT OF INTEREST POLICY AND LIST ANY POSSIBLE CONFLICTS THIS INFORMATION IS REVIEWED AND MAINTAINED IN THE ADMINISTRATIVE OFFICES IF A BOARD MEMBER ENCOUNTERS A TRANSACTION THAT WOULD CAUSE A POSSIBLE CONFLICT OF INTEREST, A FORM DETAILING THE TRANSACTION IS COMPLETED AND SUBMITTED TO THE BOARD FOR REVIEW AND APPROVAL IF A CONFLICT IS FOUND, THE INTERESTED PERSON WILL NOT PARTICIPATE IN THE DISCUSSION OR VOTE ON A TRANSACTION INVOLVING HIS OR HER CONFLICT THE CONFLICT OF INTEREST POLICY WAS UPDATED IN FISCAL YEAR 2011 TO REQUIRE AN ATTESTATION FORM FROM ALL EMPLOYED PHYSICIANS AND LEVEL FOUR SUPERVISORS/MANAGERS AND UP CORPORATE OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO ANNUALLY DISCLOSE CONFLICTS OF INTEREST</p>

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>FREEMAN HEALTH SYSTEM COMPENSATION REVIEW EXECUTIVE COMPENSATION PHILOSOPHY &amp; STRATEGY I KEY PRINCIPLES FREEMAN HEALTH SYSTEM ("FHS") DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR, AND EQUITABLE, COMPLIANT WITH REGULATORY GUIDELINES, AND REPRESENTATIVE OF MARKET BEST PRACTICES KEY PRINCIPLES THAT GUIDE FHS'S EXECUTIVE COMPENSATION DECISION-MAKING PROCESS INCLUDE -EXECUTIVE COMPENSATION PROGRAMS WILL SUPPORT FHS'S MISSION, VALUES, STRATEGIC DIRECTION, AND TAX-EXEMPT STATUS -FHS COMPETES IN A NATIONAL MARKET FOR ITS EXECUTIVES AND THUS WILL CONSIDER PAY PRACTICES THAT ARE REPRESENTATIVE OF THE INDUSTRY -THE RELATIVE PAY LEVELS OF FHS EXECUTIVES WILL OVER TIME REFLECT BOTH INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE -FHS INTENDS TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRS INTERMEDIATE SANCTIONS REGULATIONS THUS, EXECUTIVE COMPENSATION PROGRAMS AND DECISIONS WILL BE APPROVED, IN ADVANCE OF ITS IMPLEMENTATION BY THE EXECUTIVE COMPENSATION COMMITTEE (HEREAFTER THE "COMMITTEE") OF THE BOARD OF DIRECTORS *THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS, WHO ARE INDEPENDENT OF FHS'S MANAGEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH FHS *THE COMMITTEE WILL RELY UPON APPROPRIATE, INDEPENDENT COMPARABILITY DATA TO SUPPORT ITS DECISION MAKING PROCESS *THE COMMITTEE WILL ADEQUATELY DOCUMENT ITS DELIBERATIONS, DECISIONS, AND ACTIONS ON A TIMELY BASIS II PRIMARY PROGRAM COMPONENTS FHS'S EXECUTIVE TOTAL COMPENSATION PROGRAM CONSISTS OF THE FOLLOWING COMPONENTS -BASE SALARY -ANNUAL AT RISK COMPENSATION -STANDARD ALL EMPLOYEE BENEFITS -SUPPLEMENTAL BENEFITS AND PERQUISITES -SEVERANCE ANNUALLY, THE COMMITTEE WILL DIRECT THE REVIEW OF THE COMPONENTS OF THE EXECUTIVE COMPENSATION PROGRAM AND APPROVE PROGRAM MODIFICATIONS AS APPROPRIATE THE COMMITTEE MAY ALSO AUTHORIZE UNIQUE PROGRAM COMPONENTS WHICH SUPPORT THE ACHIEVEMENTS OF FHS'S MISSION III MARKET COMPARATORS FHS WILL CONSIDER A NATIONAL PEER GROUP OF HEALTHCARE ORGANIZATIONS COMPARABLE TO FHS IN SIZE (IE, NET REVENUES) AND COMPLEXITY TO DETERMINE THE MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS THIS PEER GROUP WILL PRIMARILY BE COMPRISED OF NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS (BUT FOR-PROFIT ORGANIZATIONS MAY BE CONSIDERED SELECTIVELY) FOR FUNCTIONALLY COMPARABLE POSITIONS AS REPORTED IN SURVEYS CONDUCTED BY INDEPENDENT FIRMS -CASH COMPENSATION THE FOLLOWING ORGANIZATIONS/MARKETS ARE THE PRIMARY COMPARATORS FOR COMPENSATION PURPOSES *SYSTEM LEVEL EXECUTIVES HEALTH SYSTEMS OF COMPARABLE SIZE TO FHS, BASED ON NET REVENUE THESE WILL BE BASED ON NATIONAL HEALTHCARE LABOR MARKETS *HOSPITAL LEVEL EXECUTIVES HOSPITALS OF COMPARABLE SIZE TO THE FHS ENTITY, BASED ON NET REVENUE THESE WILL BE BASED ON NATIONAL HEALTHCARE LABOR MARKETS *OTHER EXECUTIVES ORGANIZATIONS OF COMPARABLE SIZE IN RELEVANT MARKET SEGMENTS SUCH AS MEDICAL GROUP PRACTICES, HOME HEALTH, AND THE LIKE THESE WILL BE BASED ON NATIONAL HEALTHCARE LABOR MARKET -EXECUTIVE BENEFITS FHS WILL DEVELOP AND ADMINISTER EXECUTIVE BENEFIT (IE, STANDARD BENEFITS, SUPPLEMENTAL EXECUTIVE BENEFITS, AND PERQUISITES) PLANS THAT ARE BASED ON NATIONAL HEALTHCARE INDUSTRY MARKET NORMS IV MARKET POSITION TARGETS FHS HAS ESTABLISHED A TARGET MARKET POSITION FOR EACH OF THE COMPONENTS OF ITS EXECUTIVE TOTAL COMPENSATION PROGRAM -BASE SALARIES FHS WILL MANAGE ITS EXECUTIVES' BASE SALARIES AROUND THE 50TH PERCENTILE OF BASE SALARIES PAID IN THE MARKET SALARIES WILL VARY FROM THE 50TH PERCENTILE BASED ON AN EXECUTIVE'S EXPERIENCE AND PERFORMANCE FOR EXAMPLE *EXECUTIVES WHO ARE NEW TO THE ORGANIZATION AND/OR HAVE LIMITED OR NO PRIOR EXECUTIVE-LEVEL EXPERIENCE SHOULD HAVE SALARIES THAT ARE 80 TO 90 PERCENT OF THE 50TH PERCENTILE *EXPERIENCED EXECUTIVES (WITH APPROXIMATELY 5 TO 7 YEARS OF EXECUTIVE-LEVEL EXPERIENCE) WHO CONSISTENTLY MEET FHS'S PERFORMANCE EXPECTATIONS SHOULD HAVE SALARIES THAT ARE 90 TO 110 PERCENT OF THE 50TH PERCENTILE *EXPERIENCED EXECUTIVES (WITH MORE THAN 7 YEARS OF EXECUTIVE-LEVEL EXPERIENCE) WHO CONSISTENTLY EXCEED FHS'S PERFORMANCE EXPECTATIONS SHOULD HAVE SALARIES THAT ARE 110 TO 120 PERCENT OF THE 50TH PERCENTILE -TOTAL CASH COMPENSATION THE GOAL OF THIS COMPONENT IS TO PAY UP TO THE 75TH PERCENTILE OF MARKET TOTAL CASH COMPENSATION WHEN EXCEPTIONAL PERFORMANCE IS ACHIEVED TOTAL CASH COMPENSATION INCLUDES BASE SALARIES AND LUMP-SUM AWARDS FROM FHS'S EXECUTIVE AT RISK COMPENSATION PLAN(S) ACTUAL TOTAL CASH COMPENSATION WILL REFLECT EXECUTIVES' CURRENT SALARIES, INDIVIDUAL PERFORMANCE AND CONTRIBUTIONS, AND THE ORGANIZATION'S PERFORMANCE -EXECUTIVE BENEFITS FHS TARGETS EXECUTIVE BENEFITS (STANDARD BENEFITS PLUS SUPPLEMENTAL EXECUTIVE BENEFITS AND PERQUISITES) AT THE 50TH PERCENTILE OF EXECUTIVE BENEFITS PROVIDED IN THE HEALTH</p>

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINES 15A & 15B	HCARE MARKET -SEVERANCE FHS TARGETS EXECUTIVE SEVERANCE AT THE 50TH PERCENTILE OF CURREN T HEALTHCARE MARKET PRACTICES OTHER BUSINESS JUDGMENT FACTORS SUCH AS COMPETITIVE MARKET FORCES, EACH EXECUTIVE'S JOB PERFORMANCE, EACH EXECUTIVE'S UNIQUE SKILLS, RESPONSIBILITIES AND EFFORTS, AND/OR EACH EXECUTIVE'S MARKETPLACE STANDING, ARE ALSO CONSIDERED BY THE COM MITTEE DURING ITS DECISION MAKING PROCESS

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>FREEMAN HEALTH SYSTEM COMPENSATION REVIEW (CONTINUED) EXECUTIVE COMPENSATION COMMITTEE CHARTER THIS EXECUTIVE COMPENSATION COMMITTEE CHARTER WAS ADOPTED BY THE BOARD OF DIRECTORS (THE "BOARD") OF FREEMAN HEALTH SYSTEM (HEREAFTER "FHS") ON APRIL 25, 2008 THIS CHARTER APPLIES TO FHS AND ALL OF ITS BUSINESS ENTITIES, INCLUDING FREEMAN NEOSHO HOSPITAL, OZARK CENTER AND THE FREEMAN FOUNDATION (HEREAFTER THE "SYSTEM") THIS CHARTER IS A COMPONENT OF THE FLEXIBLE FRAMEWORK WITHIN WHICH THE BOARD, ASSISTED BY ITS COMMITTEES, DIRECTS THE AFFAIRS OF FHS WHILE THE CHARTER SHOULD BE INTERPRETED IN THE CONTEXT OF ALL APPLICABLE LAWS AND REGULATIONS, AS WELL AS IN THE CONTEXT OF FHS'S ARTICLES OF INCORPORATION AND BYLAWS, IT IS NOT INTENDED TO ESTABLISH BY ITS OWN FORCE ANY LEGALLY BINDING OBLIGATIONS PURPOSE THE EXECUTIVE COMPENSATION COMMITTEE (HEREAFTER THE "COMMITTEE") IS AUTHORIZED TO ACT ON THE BOARD'S BEHALF IN (I) DETERMINING APPROPRIATE COMPENSATION FOR SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS AS DEFINED IN THE IRS INTERMEDIATE SANCTIONS REGULATIONS, (II) EVALUATING SYSTEM EXECUTIVES' AND OTHER DISQUALIFIED PERSONS' CASH COMPENSATION PLANS, POLICIES, AND PROGRAMS, (III) REVIEWING BENEFIT PLANS FOR SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS, AND (IV) VERIFYING THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED -A DISQUALIFIED PERSON IS ANY PERSON WHO IS OR WAS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE APPLICABLE TAX-EXEMPT ORGANIZATION IT IS NOT NECESSARY THAT THE PERSON ACTUALLY EXERCISE SUBSTANTIAL INFLUENCE, ONLY THAT THE PERSON BE IN A POSITION TO DO SO -FOR PURPOSES OF THIS CHARTER, "EXECUTIVES" ARE DEFINED AS SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS VALIDATED BY THE COMMITTEE IN DISCHARGING ITS ROLE, THE COMMITTEE IS EMPOWERED TO INVESTIGATE ANY MATTER BROUGHT TO ITS ATTENTION WITH ACCESS TO ALL BOOKS, RECORDS, FACILITIES, AND PERSONNEL OF THE SYSTEM IT HAS THE AUTHORITY TO RETAIN OUTSIDE ADVISORS (E.G., LEGAL COUNSEL, COMPENSATION CONSULTANTS, OR OTHER EXPERTS) AND WILL RECEIVE ADEQUATE FUNDING FROM THE SYSTEM TO ENGAGE SUCH ADVISORS IT SHALL HAVE THE SOLE AUTHORITY TO RETAIN, COMPENSATE, TERMINATE, AND OVERSEE ITS ADVISORS, WHO SHALL BE ACCOUNTABLE ULTIMATELY TO THE COMMITTEE TO SUPPORT THE COMMITTEE, A TIMETABLE AND RESOURCE BOOK WILL BE DEVELOPED CONTAINING THE NECESSARY DATA, INFORMATION, AND DOCUMENTS THE COMMITTEE WILL NEED TO CARRY OUT ITS DUTIES THE RESOURCE BOOK WILL BE DISTRIBUTED TO THE COMMITTEE IN ADVANCE OF ITS MEETINGS AND FHS WILL MAINTAIN THESE BOOKS AT ITS CORPORATE OFFICE THE COMMITTEE ALSO WILL RECEIVE TRAINING IN COMPENSATION PLAN DESIGN AND ADMINISTRATION, INCLUDING LEGAL AND REGULATORY ISSUES (AS NEEDED) II COMMITTEE MEMBERSHIP THE COMMITTEE IS A STANDING COMMITTEE OF THE BOARD IN ACCORDANCE WITH THE CORPORATE BYLAWS, IT SHALL CONSIST OF AT LEAST THREE, BUT NOT MORE THAN FIVE, MEMBERS OF THE BOARD EACH COMMITTEE MEMBER HAS BEEN DETERMINED BY THE BOARD TO BE "INDEPENDENT" IN ACCORDANCE WITH IRS INTERMEDIATE SANCTIONS REGULATIONS AT THE START OF THE YEAR, EACH MEMBER WILL REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY TO ENSURE HE OR SHE HAS NO CONFLICT OF INTEREST AND IS "INDEPENDENT" IF A REAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST IS IDENTIFIED, THE COMMITTEE MEMBER WILL REVIEW THE ISSUE WITH THE COMMITTEE CHAIR AND LEGAL COUNSEL TO DETERMINE THE APPROPRIATE ACTION IN ADDITION, NO DIRECTOR MAY SERVE ON THE COMMITTEE UNLESS HE OR SHE IS A "NON-EMPLOYEE" MEMBER OF A SYSTEM BOARD THE FHS BOARD WILL APPOINT A COMMITTEE CHAIR TO CONVENE ALL SESSIONS, SET AGENDAS FOR MEETINGS, AND DETERMINE THE INFORMATION NEEDS OF THE COMMITTEE BEFORE DEBATING AND VOTING ON ANY COMPENSATION ARRANGEMENT, EACH MEMBER SHALL DETERMINE WHETHER HE OR SHE HAS A CONFLICT OF INTEREST REGARDING THE COMPENSATION ARRANGEMENT ANY MEMBER WITH A CONFLICT OF INTEREST REGARDING A PARTICULAR COMPENSATION ARRANGEMENT OR TRANSACTION SHALL RECUSE HIMSELF OR HERSELF FROM THE DISCUSSION AND SHALL NOT VOTE ON THE PENDING COMPENSATION ARRANGEMENT OR TRANSACTION III COMMITTEE SUPPORT STAFF THE COMMITTEE SHALL BE ASSISTED IN FULFILLING ITS DUTIES AND RESPONSIBILITIES BY A FHS SUPPORT STAFF COMPRISED OF THE FOLLOWING POSITIONS -THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) -CHIEF FINANCIAL OFFICER -CONTROLLER -DIRECTOR OF HUMAN RESOURCES FROM TIME TO TIME, THE COMMITTEE MAY REQUEST OTHER SYSTEM POSITIONS TO SERVE AS SUPPORT STAFF MEMBERS WHEN THE COMMITTEE VOTES ON COMPENSATION MATTERS RELATED TO ANY OF THE SUPPORT STAFF, THE SUPPORT STAFF SHOULD BE EXCUSED FROM THE MEETING IV COMMITTEE MEETINGS THE COMMITTEE SHALL MEET ON A REGULARLY SCHEDULED BASIS TWO TIMES PER YEAR OR MORE FREQUENTLY AS CIRCUMSTANCES DICTATE THE COMMITTEE SHALL MEET AT LEAST (ANNUALLY) WITH FHS'S PRESIDENT AND CEO AND OTHER CORPORATE OFFICERS THE BOARD AND COMMITTEE DEEM APPROPRIATE, TO DISCUSS AND REVIEW THE PERFORMANCE CRITERIA AND COMPENSATION</p>

Return Reference	Explanation	
	FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>N LEVELS OF SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS MEETINGS OF THE COMMITTEE MAY BE HELD TELEPHONICALLY A MAJORITY OF THE MEMBERS SHALL CONSTITUTE A QUORUM SUFFICIENT FOR THE TAKING OF ANY ACTION BY THE COMMITTEE V COMMITTEE RESPONSIBILITIES THE FOLLOWING RESPONSIBILITIES ARE SET FORTH AS A GUIDE WITH THE UNDERSTANDING THAT THE COMMITTEE MAY DIVERGE FROM THIS LIST AS APPROPRIATE GIVEN THE CIRCUMSTANCES THE COMMITTEE SHALL REPORT ANY DIVERGENCE FROM THIS LIST TO THE FULL BOARD THE COMMITTEE IS AUTHORIZED TO CARRY OUT THESE AND SUCH OTHER RESPONSIBILITIES ASSIGNED BY THE BOARD FROM TIME TO TIME, AND TAKE ANY ACTIONS REASONABLY RELATED TO THE MANDATE OF THIS CHARTER -ESTABLISH, REGULARLY REVIEW, AND APPROPRIATELY MODIFY THE FHS EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY THE EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY WILL BE REVIEWED AND APPROVED BY THE FULL BOARD -ADMINISTER EXECUTIVE COMPENSATION PROGRAMS IN A MANNER *CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY, *THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE IRS INTERMEDIATE SANCTIONS REGULATIONS -VALIDATE THE GOALS AND OBJECTIVES RELEVANT TO THE COMPENSATION OF THE PRESIDENT AND CEO, SYSTEM EXECUTIVES, AND OTHER DISQUALIFIED PERSONS, INCLUDING ANNUAL PERFORMANCE OBJECTIVES -EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CEO, AND REVIEW THE EVALUATIONS PREPARED BY THE PRESIDENT/CEO AND OTHER SYSTEM EVALUATION COMMITTEES OF OTHER EXECUTIVES/DISQUALIFIED PERSONS BASED ON APPROVED GOALS AND OBJECTIVES -ESTABLISH THE COMPENSATION LEVEL FOR THE PRESIDENT/CEO AND REVIEW AND APPROVE COMPENSATION RECOMMENDATIONS PREPARED BY THE PRESIDENT/CEO FOR ALL EXECUTIVES AND DO SAME FOR EXECUTIVES AND DISQUALIFIED PERSONS FROM OTHER SYSTEM ENTITIES -REVIEW AND APPROVE CHANGES, IN ADVANCE OF THEIR IMPLEMENTATION, INCLUDING *EXECUTIVE BASE SALARIES AND RANGE *AT RISK COMPENSATION PLANS *EXECUTIVE WELFARE AND RETIREMENT BENEFIT PLANS *OTHER EXECUTIVE FRINGE BENEFITS *EMPLOYMENT AGREEMENTS AND/OR SEVERANCE PLANS -MAINTAIN MINUTES OR OTHER RECORDS OF COMMITTEE MEETINGS AND ACTIVITIES, AS REQUIRED BY IRS INTERMEDIATE SANCTIONS REGULATIONS -ENGAGE INDEPENDENT, OUTSIDE ADVISORS TO PROVIDE OBJECTIVE AND IMPARTIAL COMPENSATION DATA AND EXPRESS AN OPINION ON THE REASONABLENESS OF TOTAL COMPENSATION -REVIEW PERIODICALLY THE COMPONENTS OF FHS'S EXECUTIVE TOTAL COMPENSATION PROGRAM TO DETERMINE WHETHER THEY ARE PROPERLY COORDINATED AND ACHIEVE ITS INTENDED PURPOSE(S), AND APPROVE MODIFICATIONS, INCLUDING NEW PROGRAMS -REPORT REGULARLY TO THE FULL BOARD AND TO OTHER SYSTEM BOARDS ON COMMITTEE FINDINGS AND APPROVED ACTIONS AND ANY OTHER MATTERS THE COMMITTEE DEEMS APPROPRIATE OR THE BOARD REQUESTS -CONDUCT AN ANNUAL SELF-EVALUATION OF THE COMMITTEE'S PERFORMANCE, INCLUDING ITS EFFECTIVENESS AND COMPLIANCE WITH THIS CHARTER -REVIEW AND REASSESS THE ADEQUACY OF THIS CHARTER ANNUALLY, AND AMEND IT AS THE COMMITTEE DEEMS APPROPRIATE -COMMUNICATE WITH EXTERNAL PARTIES, AS APPROPRIATE, REGARDING COMMITTEE PROCEDURES AND THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVES AND OTHER DISQUALIFIED PERSONS A COMPENSATION REVIEW LAST OCCURRED IN JUNE OF 2014, CONDUCTED BY INTEGRATED HEALTHCARE STRATEGIES</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT DISCLOSURE. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC



Return Reference	Explanation
FORM 990, PART VII	BOARD MEMBER COMPENSATION NO DIRECTORS RECEIVE COMPENSATION FOR THEIR SERVICES AS BOARD MEMBERS BOARD MEMBERS LARRY MCINTIRE, JOHN COX AND RODNEY MCFARLAND ARE EMPLOYEES OF THE ORGANIZATION AND COMPENSATED AS PHYSICIANS ADDITIONALLY, PAULA BAKER RECEIVES COMPENSATION FOR HER DUTIES AS PRESIDENT/CEO OF BOTH FREEMAN HEALTH SYSTEM AND FREEMAN NEOSHO HOSPITAL

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS \$(2,715,653) WRITEOFF OF UNCOLLECTIBLE PLEDGES

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

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) FHS HOLDINGS LLC 1102 W 32ND ST JOPLIN, MO 64804 20-5441528	LT ACUTE CARE	MO	-120,073	1,090,437	FREEMAN HLTH

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) FREEMAN NEOSHO HOSPITAL 113 W HICKORY  NEOSHO, MO 64850 43-1240629	HOSPITAL	MO	501(C)(3)	3	FREEMAN HLTH	Yes	
(2) OZARK CENTER 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 43-0821959	BEHAVRL HLTH	MO	501(C)(3)	9	FREEMAN HLTH	Yes	
(3) MAGNOLIA HEIGHTS HOUSING CORPORATION 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 47-0950622	HUD HOUSING	MO	501(C)(3)	11 A I	OZARK CENTER	Yes	
(4) CEDAR HILL HOUSING CORPORATION 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 47-0943557	HUD HOUSING	MO	501(C)(3)	11 A I	OZARK CENTER	Yes	
(5) POPLAR PLACE HOUSING CORPORATION 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 90-0462595	HUD HOUSING	MO	501(C)(3)	11 A I	OZARK CENTER	Yes	

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) Disproprtionate 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	
(1) FREEMAN SURGICAL CE  11221 ROE AVE STE 320 LEAWOOD LEAWOOD, KS 66211 26-2652980	AMBULATORY SURGER	MO	FREEMAN HLTH	RELATED	2,049,940	1,906,714		No	0	Yes		52 329 %

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

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 Yes

1b Yes

1c

1d Yes

1e Yes

1f

1g

1h

1i

1j Yes

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r

1s

No

No

No

No

No

No

No

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) OZARK CENTER	A/J	117,429	FMV
(2) OZARK CENTER	B	607,384	FMV
(3) FREEMAN NEOSHO HOSPITAL	D	380,937	FMV
(4) OZARK CENTER	D	312,974	FMV
(5) OZARK CENTER	M	630,500	FMV

Schedule R (Form 990) 2014

**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	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART I, LINE 1, COLUMN B	THE ORGANIZATION'S PRIMARY ACTIVITIES INCLUDE LT ACUTE CARE AND OUTPATIENT DIALYSIS