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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)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
PREFERRED FAMILY HEALTHCARE INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1111 S GLENSTONE AVE NO 3-100

City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, MO 65804

D Employer identification number
43-1236557

E Telephone number
(636) 946-6376

G Gross receipts $ 193,285,727

F Name and address of principal officer
MICHAEL SCHWEND
1111 S GLENSTONE AVE NO 3-100
SPRINGFIELD, MO 65804

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PFH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1979

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PREFERRED FAMILY HEALTHCARE PROVIDES INTEGRATED HEALTHCARE INCLUDING SUBSTANCE ABUSE TREATMENT, PREVENTION, MENTAL HEALTH, PRIMARY CARE AND DENTISTRY SERVICES THROUGHOUT THE MIDWEST

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	6,027
6	Total number of volunteers (estimate if necessary)	**6**	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	49,525
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-28,386

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,229,457	4,690,656
9	Program service revenue (Part VIII, line 2g)	193,465,829	183,747,417
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,344	929,974
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-20,316	-34,583
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	197,831,314	189,333,464
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	342,091	861,892
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	136,847,314	138,396,371
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶296,147		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	48,266,381	54,203,062
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	185,455,786	193,461,325
19	Revenue less expenses Subtract line 18 from line 12	12,375,528	-4,127,861

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	130,984,454	129,567,177
21	Total liabilities (Part X, line 26)	38,888,414	41,922,126
22	Net assets or fund balances Subtract line 21 from line 20	92,096,040	87,645,051

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

****** 2019-06-04
Signature of officer Date

THOMAS WEBER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WENDY R COOLEY	WENDY R COOLEY			P01523804

Firm's name ▶ SEIM JOHNSON LLP — Firm's EIN ▶ 47-6097913
Firm's address ▶ 18081 BURT STREET SUITE 200 OMAHA, NE 680224722 — Phone no (402) 330-2660

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

PREFERRED FAMILY HEALTHCARE, INC IS A DYNAMIC AND CARING ORGANIZATION COMMITTED TO PROVIDING INTEGRATED CARE TO ASSIST INDIVIDUALS IN ACHIEVING OVERALL HEALTH AND WELLNESS

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 $ 60,125,461 including grants of $) (Revenue $ 69,935,583)

See Additional Data

4b (Code) (Expenses $ 46,817,317 including grants of $) (Revenue $ 52,663,513)

See Additional Data

4c (Code) (Expenses $ 30,504,837 including grants of $) (Revenue $ 38,160,168)

See Additional Data

(Code) (Expenses $ 17,760,970 including grants of $ 861,892) (Revenue $ 22,904,045)

EMPLOYMENT SERVICES / WORKFORCE PARTNERSHIPSPREFERRED FAMILY HEALTHCARE'S ("PFH") EMPLOYMENT SERVICES OFFER AN ARRAY OF DIFFERENT COMMUNITY-BASED SERVICES, WITH THE PRIMARY FOCUS BEING TO FACILITATE THE SUCCESS OF INDIVIDUALS WITH DISABILITIES AS THEY (A) IDENTIFY A JOB GOAL THROUGH INDIVIDUALIZED CAREER PLANNING, (B) SEARCH, APPLY AND INTERVIEW FOR JOBS MATCHING THEIR IDENTIFIED GOAL, AND (C) SUSTAIN THEIR EMPLOYMENT ONCE HIRED PROGRAMS INCLUDE SUPPORTED EMPLOYMENT - ASSISTS INDIVIDUALS WITH DISABILITIES IN PREPARATION FOR EMPLOYMENT, EMPLOYMENT SERVICE PLACEMENT AND RETENTION - ASSISTS INDIVIDUALS TO SECURE AND MAINTAIN EMPLOYMENT, EMPLOYMENT SERVICE PLUS - SPECIALIZED PLACEMENT/RETENTION FOR PERSONS WITH AUTISM, BRAIN INJURY OR WHO ARE DEAF/HARD OF HEARING, INDIVIDUALIZED PLACEMENT AND SUPPORT ("IPS) - EVIDENCE-BASED INTEGRATION OF EMPLOYMENT WITHIN SUBSTANCE USE AND MENTAL HEALTH TREATMENT PROGRAMS, AND SKILLS TRAINING - AUTOMOTIVE, JANITORIAL, FOOD SERVICE AND CHILD CARE PFH'S EMPLOYMENT SERVICES ASSISTS OVER 1,000 INDIVIDUALS EVERY YEAR TO OBTAIN A JOB OF THEIR CHOOSING, WITH A CLIENT SATISFACTION RATING OF OVER 98% PFH'S WORKFORCE PARTNERSHIPS DIVISION PROVIDES A VARIETY OF SERVICES UNDER CONTRACT WITH NUMEROUS LOCAL WORKFORCE DEVELOPMENT BOARDS ACROSS THE 14 WORKFORCE REGIONS IN THE STATE OF MISSOURI THROUGH CAREER CENTERS, PFH CONTRACTS TO PROVIDE THE WORKFORCE INVESTMENT PROGRAMS OF YOUTH SERVICES, ADULT AND DISLOCATED WORKER SERVICES, CAREER ASSISTANCE AND CAREER CENTER STAFFING FEDERALLY QUALIFIED HEALTH CENTERPREFERRED FAMILY HEALTHCARE ("PFH") OPERATES A FEDERALLY QUALIFIED HEALTH CENTER - CLARITY HEALTHCARE - IN THE HANNIBAL, MISSOURI AND QUINCY, ILLINOIS MARKETS FUNDED IN 2013 BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION ("HRSA"), PFH HAS INCREASED ACCESS TO PRIMARY AND BEHAVIORAL HEALTH CARE AS WELL AS DENTAL CARE FOR THESE UNDERSERVED COMMUNITIES AND VULNERABLE POPULATIONS WHO RESIDE IN THESE AREAS CLARITY HEALTHCARE HAS PARTAKEN IN MANY UNIQUE INITIATIVES RANGING FROM MOBILE DENTAL SERVICES, TO OTHER HRSA GRANTS TO EXPAND SUBSTANCE USE DISORDER TREATMENT, AND A HEALTH HOME MODEL TO SERVE PERSONS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY, TO NAME A FEW YOUTH AND FAMILYPREFERRED FAMILY HEALTHCARE ("PFH") SUPPORTS CHILDREN, YOUTH, AND FAMILIES WITH COMPLEX NEEDS, INCLUDING CHILDREN AND YOUTH WHO ARE AT RISK OF BEING REMOVED FROM HOME OR WHO HAVE BEEN REMOVED WITH THE GOAL OF REUNIFICATION, CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL, NEUROBIOLOGICAL OR BEHAVIORAL DISTURBANCE, AND THEIR FAMILIES, AND CHILDREN AND YOUTH HAVING PROBLEMS THAT PLACE THE CHILDREN OR YOUTH AT RISK A VARIETY OF PROGRAMS ARE OFFERED THOUGH MISSOURI AND ARKANSAS TO SUPPORT THESE YOUTH AND THEIR FAMILIES, INCLUDING CHAFEE FOSTER CARE INDEPENDENCE PROGRAM, TRANSITIONAL LIVING SCATTERED SITE, AND INTENSIVE IN-HOME SERVICES PFH IS THE LEAD PARTNER OF A THREE-AGENCY COLLABORATIVE WHICH PROVIDES CASE MANAGEMENT AND OTHER SERVICES FOR FOSTER CHILDREN AS ASSIGNED BY THE CHILDREN'S DIVISION OF THE MISSOURI DEPARTMENT OF SOCIAL SERVICES IN THE JUDICIAL CIRCUITS COVERING GREENE, STONE, BARRY, AND LAWRENCE COUNTIES PFH IS ALSO THE PROUD RECIPIENT OF A FEDERAL REGIONAL PARTNERSHIP GRANT AIMED AT IMPACTING CHILD WELFARE AND PARENTAL SUBSTANCE USE CONCURRENTLY THIS FUNDING HAS ALLOWED PFH TO FORMALIZE THE CREATION OF A MULTI-DISCIPLINARY TEAM (CHILD WELFARE, TREATMENT, EMPLOYMENT) TO PRODUCE A MULTI-MILLION DOLLAR SAVINGS TO THE STATE ADDITIONALLY, THROUGH A CONTRACT WITH THE ARKANSAS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) AND ARKANSAS DIVISION OF YOUTH SERVICES (DYS), PFH'S HEALTH RESOURCES OF ARKANSAS PROVIDES THERAPEUTIC FOSTER CARE AND RESIDENTIAL SERVICES DOMESTIC VIOLENCE PREFERRED FAMILY HEALTHCARE ("PFH") HAS PROVIDED DOMESTIC VIOLENCE ("DV") VICTIM SERVICES SINCE 1979 AND SEXUAL ASSAULT ("SA") VICTIM SERVICES SINCE 2001 IN THE GREATER ST LOUIS METROPOLITAN REGION DV & SA SERVICES PROVIDED AT PFH INCLUDE A 24-HOUR CRISIS HOTLINE AND INTERVENTION, EMERGENCY SHELTER, INDIVIDUAL AND GROUP COUNSELING, CHILDREN'S SERVICES, OUTREACH, EMERGENCY RESPONSE TEAMS, AND COMMUNITY EDUCATION IN ORDER TO BEST PROVIDE THESE SERVICES, ADVOCATES HAVE ESTABLISHED SOLID RECIPROCAL RELATIONSHIPS WITH STATE AND LOCAL ORGANIZATIONS INCLUDING MISSOURI DEPARTMENT OF PUBLIC SAFETY, DEPARTMENT OF SOCIAL SERVICES, DEPARTMENT OF HEALTH AND SENIOR SERVICES, LOCAL POLICE DEPARTMENTS, PROSECUTING ATTORNEYS' OFFICES, HOSPITALS, AND COMMUNITY SERVICE AGENCIES COLLABORATIVE EFFORTS ARE THE CRUX OF THE ORGANIZATION, ENSURING EACH INDIVIDUAL SERVED IS OFFERED THE UTMOST IN CARE AND SUPPORT THROUGH COLLABORATIONS IN THE COMMUNITY, ADVOCATES ARE ABLE TO PROVIDE WRAPAROUND SERVICES THAT ARE UNMET WITHIN THE ORGANIZATION PFH CONTINUOUSLY PROVIDES COMMUNITY EDUCATION AND TRAINING TO PROMOTE AWARENESS ON ISSUES VICTIMS OF DV AND SA FACE AND TO TEACH OTHER HELPING PROFESSIONALS HOW TO HANDLE DISCLOSURE OF VICTIMIZATION

4d Other program services (Describe in Schedule O)

(Expenses $ 17,760,970 including grants of $ 861,892) (Revenue $ 22,904,045)

4e Total program service expenses ▶ 155,208,585

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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	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	Yes	
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		No
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	Yes	
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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**	Yes	
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? *If "Yes," complete Schedule L, Part I*	**25b**	Yes	
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? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** 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 . .	**1a**	448		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		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	**2a**	6,027		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		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)? . .	**4a**			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? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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	1a	9		
	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	1b	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	Yes	
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	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ IL

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 ▶PREFERRED FAMILY HEALTHCARE INC 1111 S GLENSTONE SUITE 3-100 SPRINGFIELD, MO 65804 (417) 869-8911

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,005,147	0	549,685

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 ▶ 94

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
SPRINGFIELD PARTNERS LLC 1111 S GLENSTONE SPRINGFIELD, MO 65804	FOSTER CARE CASE MANAGEMENT	10,339,528
BERKOWITZ OLIVER WILLIAMS SHAW 2600 GRAND BLVD 1200 KANSAS CITY, MO 64108	LEGAL SERVICES	1,014,590
GBS ADMINISTRATORS 777 108TH AVENUE NE SUITE 200 BELLEVUE, WA 98004	EMPLOYEE BENEFIT ADMINISTRATION	587,355
WES ROBBINS 2606 NORTH LITTLE AVE CUSHING, OK 74023	COVENANT NOT TO COMPETE, CONSULTING	456,166
SPARKS CONSTRUCTORS INC 505 N MAIN STREET KIRKSVILLE, MO 63501	CONSTRUCTION SERVICES	399,003

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 ▶ 40

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** 5,625				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 4,471,240				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 213,791				
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	4,690,656			
Program Service Revenue		Business Code			
	2a MEDICAID/MEDICARE	623990	153,589,765	153,589,765	
	b NET PATIENT SERVICE REVENUE	623990	28,481,227	28,481,227	
	c PROGRAM RENTAL REVENUE	531110	692,460	608,352	84,108
	d _____				
	e _____				
	f All other program service revenue		983,965	983,965	
	g Total. Add lines 2a–2f . . . . ▶	183,747,417			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	324,182			324,182
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	4,005,310	552,745		
	b Less cost or other basis and sales expenses	3,499,244	453,019		
	c Gain or (loss)	506,066	99,726		
	d Net gain or (loss) . . . . . ▶	605,792			605,792
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from fundraising events . . ▶				
	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 . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a S-CORP INCOME	900099	-34,583	-34,583	
	b _____				
	c _____				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		-34,583		
	12 Total revenue. See Instructions . . . . . ▶	189,333,464	183,663,309	49,525	929,974

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	861,892	861,892		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,898,256	66,000	4,832,256	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	715,146	715,146		
7 Other salaries and wages	111,989,529	93,229,932	18,548,735	210,862
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,696,840	1,646,929	46,116	3,795
9 Other employee benefits	10,613,984	8,367,006	2,228,463	18,515
10 Payroll taxes	8,482,616	6,535,806	1,932,512	14,298
11 Fees for services (non-employees)				
a Management				
b Legal	2,820,691		2,820,691	
c Accounting	277,863		277,863	
d Lobbying	235,898	188,585	47,313	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,058,742	4,006,737	1,005,500	46,505
12 Advertising and promotion	151,092	25,979	125,113	
13 Office expenses	6,345,225	5,072,643	1,272,582	
14 Information technology	2,696,200	2,155,458	540,742	
15 Royalties . .				
16 Occupancy	5,048,038	4,035,616	1,012,422	
17 Travel	5,046,082	4,034,051	1,012,031	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	610,788	488,291	122,497	
20 Interest	753,960	602,747	151,213	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	4,072,730	3,255,913	816,817	
23 Insurance . . .	1,627,184	1,300,838	326,346	
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 DIRECT CLIENT SUPPORT	8,522,263	8,522,263		
b BAD DEBT EXPENSE	3,949,685	3,949,685		
c IMPAIRMENT LOSS ON GOOD	3,756,139	3,002,817	753,322	
d FOOD EXPENSE	1,968,881	1,968,881		
e All other expenses	1,261,601	1,175,370	84,059	2,172
25 **Total functional expenses.** Add lines 1 through 24e	193,461,325	155,208,585	37,956,593	296,147
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 ▶ ☐ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		17,020,669	1	25,859,975
	2	Savings and temporary cash investments		6,062,029	2	5,789,425
	3	Pledges and grants receivable, net		827,888	3	767,002
	4	Accounts receivable, net		20,151,425	4	18,081,772
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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		66,614	6	26,000
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,016,649	9	2,742,248
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 82,274,129			
	b	Less accumulated depreciation	10b 16,807,863	67,217,040	10c	65,466,266
	11	Investments—publicly traded securities		4,368,191	11	953,254
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		10,995,333	14	7,017,556
	15	Other assets See Part IV, line 11		3,258,616	15	2,863,679
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		130,984,454	16	129,567,177
Liabilities	17	Accounts payable and accrued expenses		9,687,845	17	11,770,234
	18	Grants payable			18	
	19	Deferred revenue		770,230	19	622,092
	20	Tax-exempt bond liabilities		14,418,400	20	12,261,189
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	21,354
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		13,341,593	23	12,626,130
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		670,346	25	4,621,127
	26	**Total liabilities.** Add lines 17 through 25		38,888,414	26	41,922,126
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		92,036,040	27	87,585,051
	28	Temporarily restricted net assets		60,000	28	60,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		92,096,040	33	87,645,051
	34	Total liabilities and net assets/fund balances		130,984,454	34	129,567,177

Part XI Reconcilliation 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	189,333,464
2	Total expenses (must equal Part IX, column (A), line 25)	2	193,461,325
3	Revenue less expenses Subtract line 2 from line 1	3	-4,127,861
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	92,096,040
5	Net unrealized gains (losses) on investments	5	-323,128
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	87,645,051

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 43-1236557

Name: PREFERRED FAMILY HEALTHCARE INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PREFERRED FAMILY HEALTHCARE ("PFH") OFFERS MENTAL HEALTH TREATMENT PROGRAMS FOR YOUTH AND ADULTS SUFFERING FROM A SERIOUS EMOTIONAL DISTURBANCE OR SERIOUS AND PERSISTENT MENTAL ILLNESS DESIGNATED AS A COMMUNITY MENTAL HEALTH CENTER (CMHC) IN ARKANSAS (DOING BUSINESS AS HEALTH RESOURCES OF ARKANSAS) AND MISSOURI, PFH IS ABLE TO SERVE INDIVIDUALS WHO EXPERIENCE DIFFICULTY ACCESSING SERVICES DUE TO BEING UNINSURED ADDITIONALLY, PFH OPERATES A VAST NETWORK OF OUTPATIENT CLINICS THROUGHOUT ARKANSAS AND OKLAHOMA (DOING BUSINESS AS DAYSPRING BEHAVIORAL HEALTH) PROVIDING TREATMENT IN OVER 43 CLINICS AND OVER 150 SCHOOLS ACROSS BOTH STATES PFH HAS BEEN AT THE FOREFRONT OF DESIGNING INTERVENTIONS THAT HAVE PROGRESSIVELY ALLOWED FOR MORE AND MORE CLIENTS TO MAINTAIN INDEPENDENCE AND MENTAL WELLNESS SUCH INTERVENTIONS INCLUDE HEALTH HOME ENGAGEMENT PFH PARTICIPATES IN THE HEALTH HOME INITIATIVE IN OKLAHOMA AND MISSOURI PROVIDING CARE COORDINATION TO INDIVIDUALS WHOSE MENTAL ILLNESS AND PHYSICAL HEALTH SYMPTOMS IDENTIFY THEM AS HIGH-RISK ACCOMPLISHMENTS PFH CONTINUES TO BE A TRAIL-BLAZER IN IMPLEMENTING INNOVATIVE PRACTICES THIS IS EVIDENCED BY MULTIPLE FEDERAL AND FOUNDATION GRANT AWARDS ALLOWING THE AGENCY TO PILOT WHAT HAVE TURNED OUT TO BE HIGHLY SUCCESSFUL INTEGRATED CARE EFFORTS INITIATIVES INCLUDE A HEALTH HOME FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, AND PRIMARY/BEHAVIORAL HEALTH CARE COORDINATION FOR PERSONS WHO HAVE COMORBIDITIES WHERE OUTCOMES WILL HELP INFORM STRATEGIC PRIORITIES OF THE ORGANIZATION MOVING FORWARD

Form 990, Part III, Line 4b:

PREFERRED FAMILY HEALTHCARE ("PFH") SPECIALIZES IN THE PREVENTION AND TREATMENT OF SUBSTANCE USE DISORDERS INCLUDING OUTPATIENT TREATMENT, CREATIVE ARTS, VIRTUAL COUNSELING SERVICES, AND RESIDENTIAL TREATMENT PFH ALSO PROVIDES PROGRAMMING THAT IS TARGETED TO SPECIFIC NEEDS, SUCH AS GENDER-SPECIFIC WOMEN'S SERVICES, TRAUMA AND CO-OCCURRING SERVICES, ALUMNI PROGRAMMING, SUPPORTIVE HOUSING, RELAPSE PREVENTION, AND DRUG COURT SERVICES THE AGENCY HAS PLAYED A SIGNIFICANT ROLE IN THE DEVELOPMENT OF COMPREHENSIVE SUBSTANCE ABUSE TREATMENT AND RECOVERY (CSTAR) PROGRAMMING IN MISSOURI SINCE OPENING UP THE FIRST ADOLESCENT PROGRAM IN 1991, THE AGENCY HAS GROWN TO BECOME THE LARGEST PROVIDER OF ADOLESCENT AND ADULT SUBSTANCE ABUSE TREATMENT IN MISSOURI THE AGENCY'S COMMITMENT TO DEVELOPING AND EXPANDING SERVICES TO MEET THE NEEDS OF ITS CONSUMERS RESULTED IN ADDING NEW SERVICES TO ADDRESS CO-OCCURRING ISSUES, INCORPORATING MEDICATION ASSISTED TREATMENT, PROVIDING SERVICES TO ASSIST THOSE EXPERIENCING TRAUMA ISSUES, INTEGRATION OF EMPLOYMENT, EDUCATION AND CHILD WELFARE SERVICES AS PART OF THE TREATMENT TEAM, AND FOCUSING ON THE SPECIFIC NEEDS OF WOMEN AND THEIR FAMILIES PFH PLAYS A SUBSTANTIAL ROLE IN THE PREVENTION ARENA IN THE ST LOUIS, MISSOURI MARKET WITH A PRESENCE IN OVER 100 SCHOOL DISTRICTS OFFERING UNIVERSAL PREVENTION STRATEGIES AND MORE TARGETED INTERVENTIONS FOR YOUTH AT RISK OF SUBSTANCE MISUSE IN ARKANSAS, PFH HAS THREE TREATMENT CENTERS OFFERING CARE RANGING FROM DETOXIFICATION TO OUTPATIENT SERVICES DECISION POINT IN BENTONVILLE, WILBUR D MILLS IN SEARCY, AND PFH'S ADOLESCENT TREATMENT CENTER IN LITTLE ROCK PFH HAS BEEN A LEADER OFFERING TWO SPECIALIZED WOMEN'S RESIDENTIAL PROGRAMS TO SUPPORT THE NEEDS OF THE WOMEN AND THEIR FAMILIES DURING TREATMENT AND RECOVERY PFH ALSO PROVIDES COMPREHENSIVE, COMMUNITY-BASED PREVENTION TO PREVENT SUBSTANCE USE AMONG YOUTH IN KANSAS AND ILLINOIS, PFH HAS A SINGLE RESIDENTIAL TREATMENT CENTER AND OFFERS FACILITY-BASED AND CLINIC-BASED OUTPATIENT TREATMENT AT OTHER SITES IN FOUR COMMUNITIES EVIDENCE-BASED APPROACHES OF MOTIVATIONAL ENHANCEMENT THERAPY (MET), COGNITIVE-BEHAVIORAL THERAPY (CBT), TRAUMA-FOCUSED COGNITIVE-BEHAVIORAL THERAPY (CF-CBT), STRENGTHS-BASED CLIENT-CENTERED APPROACH, AND MOTIVATIONAL INTERVIEWING (MI), TO NAME A FEW, ARE WOVEN INTO ALL SERVICE MODALITIES FOR OPTIMAL TREATMENT EFFECTIVENESS ACCOMPLISHMENTS PFH HAS BEEN THE RECIPIENT OF MANY AWARDS, INCLUDING THE NATIONAL COUNCIL AWARDS OF EXCELLENCE FOR ITS VIRTUAL TREATMENT PROGRAM TO SERVE PEOPLE IN RURAL AREAS OF MISSOURI WHERE TREATMENT ISN'T EASILY ACCESSIBLE THIS WAS ONE OF THE FIRST PROJECTS OF ITS KIND ACROSS THE NATION AND HAS POSITIVELY IMPACTED THOUSANDS OF LIVES SINCE THE PROGRAM'S INCEPTION IN 2008 AS PART OF PFH'S YOUTH AND FAMILY DIVISION, A FEDERAL ADMINISTRATION OF CHILDREN AND FAMILIES, REGIONAL PARTNERSHIP GRANT HAS ALLOWED FOR THE INTEGRATION OF CHILD WELFARE, EMPLOYMENT AND TREATMENT PRODUCING A MULTI-MILLION DOLLAR SAVINGS FOR THE STATE

Form 990, Part III, Line 4c:

PREFERRED FAMILY HEALTHCARE'S ("PFH") COMMUNITY SERVICES PROGRAMMING SUPPORTS INDIVIDUALS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY, AS WELL AS THE COMMUNITY THEY RESIDE IN, BY PROVIDING INDIVIDUALIZED SUPPORTED LIVING SERVICES ("ISL") AND COMMUNITY INTEGRATION AS THE OLDEST AND LARGEST PROVIDER OF ISL SERVICES IN MISSOURI, PFH PROVIDES SUPPORT TO PERSONS IN THEIR OWN HOME AS THEY BUILD AND PRACTICE SKILLS IN THE AREAS OF HEALTH AND SAFETY, HOUSEHOLD SKILLS, SOCIAL SKILLS, COMMUNITY PARTICIPATION, SELF-ADVOCACY, LEISURE SKILLS, AND DEVELOPMENT OF PERSONAL INTERESTS COMMUNITY INTEGRATION FOCUSES ON PROVIDING THE INDIVIDUALIZED SUPPORT NEEDED TO PARTICIPATE IN THE COMMUNITY, TO LEARN COMMUNITY SKILLS, AND ENGAGE IN RECREATIONAL OR EDUCATIONAL ACTIVITIES PERSONS SERVED THROUGH THE ISL OR COMMUNITY INTEGRATION EFFORTS HIRE AND EVALUATE THEIR SUPPORT STAFF AND THEIR SERVICE PLANS ARE FULLY PERSON-SERVED-DIRECTED ACCOMPLISHMENTS PFH HAS HELPED PIONEER ASSISTIVE TECHNOLOGY FOR USE BY PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES THROUGH 2GETHERTECH, INC THIS TECHNOLOGY PROVIDES AN OPPORTUNITY FOR PERSONS TO LIVE INDEPENDENTLY (WITHOUT 24 HOUR STAFF) THROUGH INCONSPICUOUS ELECTRONIC MONITORING TO MAINTAIN SAFETY WHILE PROMOTING EVEN GREATER (MEDICATION) COMPLIANCE THIS VERY COST EFFECTIVE OPTION HAS BEEN PRAISED BY PAYERS COMMUNITY SERVICES ALSO RECEIVED MEDICAID WAIVER CERTIFICATION FROM THE DEPARTMENT OF MENTAL HEALTH AS A PROVIDER OF INDIVIDUALIZED SUPPORTED LIVING, GROUP HOME, HOST HOME, AND DAY HABILITATION SERVICES

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			
MARK KASTNER CHAIRMAN	2 00 0 20	X		X				0	0	0
SHARON BROWN VICE CHAIR	2 00 0 20	X		X				0	0	0
LYNN CLINE SECRETARY	2 00 0 20	X		X				0	0	0
JAY BENSON DIRECTOR	2 00 0 20	X						0	0	0
ROBERT BERRY DIRECTOR	2 00 0 20	X						0	0	0
LISA FAIRLEY DIRECTOR	2 00 0 20	X						0	0	0
ANTHONY HENDERSON DIRECTOR	2 00 0 20	X						0	0	0
STEVE LEWIS DIRECTOR (THRU 04/2018)	2 00 0 20	X						66,000	0	0
GARY MCMURTREY DIRECTOR (THRU 04/2018)	2 00 0 20	X						0	0	0
STANLEY MELTON DIRECTOR	2 00 0 20	X						0	0	0

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			
W DIRK PARISH DIRECTOR (THRU 06/2018)	2 00 0 20	X						0	0	0
PAT WALLACE DIRECTOR	2 00 0 20	X						0	0	0
MICHAEL SCHWEND PRESIDENT	50 00 0 60			X				807,623	0	239,908
MARILYN NOLAN CEO (THRU 01/2018)	50 00 4 00			X				702,193	0	18,203
THOMAS WEBER CFO	50 00 0 00			X				331,223	0	38,882
TOM GOSS CFO (THRU 01/2018)	50 00 4 00			X				663,482	0	20,023
BONTIEA GOSS COO (THRU 01/2018)	50 00 0 00			X				671,315	0	24,835
MENDIE SCHOELLER CCO	50 00 0 00			X				126,920	0	16,273
KEITH NOBLE CCO (THRU 06/2018)	50 00 0 00			X				430,952	0	19,886
ANDREW SCHWEND SR EVP	50 00 0 00				X			176,563	0	9,878

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			
ANN HUTTON SR EVP	50 00 0 00				X			263,460	0	37,801
KARAH WADDLE SR EVP	50 00 0 00				X			214,917	0	17,920
CHARLES LEWIS MD PHYSICIAN	50 00 0 00					X		373,201	0	16,462
HERVEY MADDEN PHYSICIAN	50 00 0 00					X		355,666	0	21,566
KATARZYNA DERLUKIEWICZ MD PHYSICIAN	50 00 0 00					X		278,108	0	32,146
JOE SPALDING PHYSICIAN	50 00 0 00					X		279,354	0	28,547
CHETNA VORA PHYSICIAN	50 00 0 00					X		264,170	0	7,355

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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*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	6,033,887	338,659	588,868	4,229,457	4,690,656	15,881,527
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	6,033,887	338,659	588,868	4,229,457	4,690,656	15,881,527
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						15,881,527

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	6,033,887	338,659	588,868	4,229,457	4,690,656	15,881,527
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,711	21,927	165,219	117,469	324,182	658,508
9 Net income from unrelated business activities, whether or not the business is regularly carried on			263,725			263,725
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						16,803,760

12 Gross receipts from related activities, etc (see instructions)	12	660,535,272

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 2017 (line 6, column (f) divided by line 11, column (f))	14	94 510 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	95 540 %

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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* ***Part VI*** *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* ***Part VI*** *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* ***Part VI*** *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* ***Part VI*** *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 12a or 12b 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	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described 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		

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* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 43-1236557

Name: PREFERRED FAMILY HEALTHCARE INC

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

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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

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
PREFERRED FAMILY HEALTHCARE INC	43-1236557

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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 **Form 1120-POL** for this year? ☐ Yes ☐ 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-
1					
2					
3					
4					
5					
6					

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)	292,223	
c Total lobbying expenditures (add lines 1a and 1b)	292,223	
d Other exempt purpose expenditures	193,169,102	
e Total exempt purpose expenditures (add lines 1c and 1d)	193,461,325	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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? ☐ **Yes** ☐ **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	70,600	448,317	811,668	292,223	1,622,808
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 on lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,408,513		11,408,513
b Buildings		57,023,732	8,924,281	48,099,451
c Leasehold improvements				
d Equipment		6,741,610	4,441,529	2,300,081
e Other		7,100,274	3,442,053	3,658,221
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				65,466,266

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	953,254
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	3,667,873
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,621,127

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-1236557
Name: PREFERRED FAMILY HEALTHCARE INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	PREFERRED FAMILY HEALTHCARE, INC IS THE REPRESENTATIVE PAYEE FOR A FEW CLIENTS IN THE ORGANIZATION'S CARE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT T O SECTION 501(A) OF THE CODE THE ORGANIZATION ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FO R INCOME TAX ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC TOPIC 740, INCOME TAXES THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITI ONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED AT JUNE 30, 2018, THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD MAINTAINED ITS TAX EXEMPT STATU S AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FIN ANCIAL STATEMENTS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	THE GRANTS PAID OUT WERE GIVEN TO LOCAL ORGANIZATIONS, AND THUS ARE ABLE TO BE MONITORED WITHIN THE COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 43-1236557
Name: PREFERRED FAMILY HEALTHCARE INC

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 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
K-LIFE 1200 JAMISON STREET KIRKSVILLE, MO 63501	43-1755980	501(C)(3)	5,000				COMMUNITY SUPPORT
COURT APPOINTED SUPPORT ADVOCATES - CASA PO BOX 4853 SPRINGFIELD, MO 685084853	43-1524185	501(C)(3)	5,000				COMMUNITY 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 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
THE DOULA FOUNDATION 1111 S GLENSTONE STE 2101 SPRINGFIELD, MO 658040313	30-0046369	501(C)(3)	5,000				NIGHT OF CARING FUNDRAISER
TRUMAN STATE UNIVERSITY FOUNDATION 100 E NORMAL 105 MCCLAIN HALL KIRKSVILLE, MO 63501	43-1381504	501(C)(3)	75,000				SUPPORT OF COUNSELING/SOCIAL WORK DEGREE PROGRAM

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 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
HANNIBAL HIGH SCHOOL BOOSTER CLUB PO BOX 1434 HANNIBAL, MO 63401	43-1403028	501(C)(3)	6,000				COMMUNITY SUPPORT - PIRATE CLUB MEMBER

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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" on 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*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☑ Personal services (e g , maid, chauffeur, chef)		
b	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	**1b**		No
2	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?	**2**	Yes	
3	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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	PURSUANT TO THE OFFICERS' EMPLOYMENT AGREEMENTS, CERTAIN ORGANIZATION OFFICERS HAVE FULL DISCRETION TO SCHEDULE PERSONAL FLIGHTS WITH PFH AVIATION, INC, A WHOLLY-OWNED SUBSIDARY OF PREFERRED FAMILY HEALTHCARE, INC ANY PERSONAL FLIGHTS, INCLUDING COMPANION TRAVEL, ARE TREATED AS ADDITIONAL W-2 COMPENSATION UNDER IRS GUIDELINES OF VALUING SUCH BENEFITS ON AN ANNUAL BASIS
PART I, LINE 1B	FIRST CLASS TRAVEL, TRAVEL FOR COMPANIONS, AND DISCRETIONARY SPENDING ACCOUNTS ARE PROVIDED IN ACCORDANCE WITH CERTAIN EXECUTIVES' EMPLOYMENT AGREEMENTS THE ORGANIZATION HAD POLICIES REGARDING DOCUMENTATION REQUIRED FOR THESE EXPENSES, HOWEVER, THE POLICIES WERE NOT WRITTEN
PART I, LINE 4B	MICHAEL SCHWEND, PRESIDENT, PARTICIPATED IN A 457(F) PLAN DURING THE YEAR THIS AMOUNT HAS BEEN INCLUDED IN HIS RETIREMENT COMPENSATION ON PART II
PART I, LINE 7	EACH YEAR THE BOARD OF DIRECTORS HAS THE AUTHORITY TO APPROVE A DISCRETIONARY BONUS FOR THE OFFICERS OF THE ORGANIZATION

Additional Data

Software ID:

Software Version:

EIN: 43-1236557

Name: PREFERRED FAMILY HEALTHCARE INC

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHAEL SCHWEND PRESIDENT	(i)	518,929	238,089	50,605	213,500	26,408	1,047,531	0
	(ii)	0	0	0	0	0	0	0
1MARILYN NOLAN CEO (THRU 01/2018)	(i)	433,618	267,820	755	13,500	4,703	720,396	0
	(ii)	0	0	0	0	0	0	0
2THOMAS WEBER CFO	(i)	278,131	45,000	8,092	13,500	25,382	370,105	0
	(ii)	0	0	0	0	0	0	0
3TOM GOSS CFO (THRU 01/2018)	(i)	431,915	223,680	7,887	13,500	6,523	683,505	0
	(ii)	0	0	0	0	0	0	0
4BONTIEA GOSS COO (THRU 01/2018)	(i)	424,650	223,680	22,985	13,500	11,335	696,150	0
	(ii)	0	0	0	0	0	0	0
5KEITH NOBLE CCO (THRU 06/2018)	(i)	386,185	42,903	1,864	0	19,886	450,838	0
	(ii)	0	0	0	0	0	0	0
6ANDREW SCHWEND SR EVP	(i)	134,784	40,000	1,779	8,789	1,089	186,441	0
	(ii)	0	0	0	0	0	0	0
7ANN HUTTON SR EVP	(i)	218,612	40,000	4,848	13,500	24,301	301,261	0
	(ii)	0	0	0	0	0	0	0
8KARAH WADDLE SR EVP	(i)	189,477	20,000	5,440	10,564	7,356	232,837	0
	(ii)	0	0	0	0	0	0	0
9CHARLES LEWIS MD PHYSICIAN	(i)	373,201	0	0	0	16,462	389,663	0
	(ii)	0	0	0	0	0	0	0
10HERVEY MADDEN PHYSICIAN	(i)	330,466	25,200	0	13,500	8,066	377,232	0
	(ii)	0	0	0	0	0	0	0
11 KATARZYNA DERLUKIEWICZ MD PHYSICIAN	(i)	272,488	5,620	0	13,500	18,646	310,254	0
	(ii)	0	0	0	0	0	0	0
12JOE SPALDING PHYSICIAN	(i)	279,354	0	0	3,669	24,878	307,901	0
	(ii)	0	0	0	0	0	0	0
13CHETNA VORA PHYSICIAN	(i)	264,170	0	0	0	7,355	271,525	0
	(ii)	0	0	0	0	0	0	0

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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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

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	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI	43-1178966	000000000	08-14-2013	9,500,000	CONSTRUCT FACILITY		X		X		X
B	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI	43-1178966	000000000	06-26-2014	7,094,500	CONSTRUCT FACILITY, REFUND 2 TAXABLE LOANS AND REFUND 2009 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,054,711	2,278,600		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	9,500,252	7,094,500		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	132,126	141,890		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	9,368,125	1,273,488		
11	Other spent proceeds	1	13		
12	Other unspent proceeds				
13	Year of substantial completion	2013	2014		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		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 %		0 610 %				
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 %		0 %				
6	Total of lines 4 and 5		0 %		0 610 %				
7	Does the bond issue meet the private security or payment test?		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				
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?								
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X	X					
c	No rebate due?	X			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					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
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				
b	Name of provider								
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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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

Return Reference	Explanation
PART II, LINE, 3, COLUMN A	AMOUNT IS NOT EQUAL TO THE ISSUE PRICE DUE TO INVESTMENT EARNINGS EARNED DURING THE PROJECT PERIOD

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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

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

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? Yes	(d) Corrected? No
(1) BONTIEA GOSS	COO THRU 1/2018	SEE PART V & SCHEDULE O TRANSACTIONS FOR WHICH THE EXCESS BENEFIT AMOUNT IS ASCERTAINABLE PERSONAL ASSISTANT PROVIDED		No
(2) TOM GOSS	CFO THRU 1/2018	SEE PART V & SCHEDULE O TRANSACTIONS FOR WHICH THE EXCESS BENEFIT AMOUNT IS ASCERTAINABLE PERSONAL ASSISTANT PROVIDED		No
(3)				No
(4) PRO1	OWNED BY B GOSS, T GOSS, & J EDGAR	SEE PART V & SCHEDULE O TRANSACTIONS FOR WHICH THE EXCESS BENEFIT AMOUNT IS ASCERTAINABLE BELOW MARKET RATE RENT		No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $ 4,376

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $ 0

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? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1) EDDIE COOPER	FORMER BOARD MEMBER	EMPLOYEE ADVANCE		X	26,000	26,000	Yes			No		No
Total				▶ $		26,000						

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
SCHEDULE L PART II	THE BALANCE DUE LISTED IN PART II FROM EDDIE COOPER WILL LIKELY NOT BE COLLECTED AS HE IS NO LONGER AN EMPLOYEE OF THE ORGANIZATION AND HAS PLEAD GUILTY TO FEDERAL CHARGES THIS TRANSACTION WAS PREVIOUSLY LISTED AS AN EXCESS BENEFIT TRANSACTION IN SCHEDULE L, PART I IN THE PRIOR YEAR FORM 990

Additional Data

Software ID:
Software Version:
EIN: 43-1236557
Name: PREFERRED FAMILY HEALTHCARE INC

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) ANDREW SCHWEND	SON OF MICHAEL SCHWEND, PRESIDENT	145,130	EMPLOYEE		No
(1) AMY SCHWEND	DAUGHTER OF MICHAEL SCHWEND, PRESIDENT	33,861	EMPLOYEE		No

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**
(3) DR MARY BRANING	SISTER OF BONTIEA GOSS, COO	131,386	EMPLOYEE		No
(1) MATT BASHAM	SON IN LAW OF BONTIEA GOSS, COO	106,948	EMPLOYEE		No

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**
(5) JENNIFER WILSON	DAUGHTER OF MICHAEL SCHWEND, PRESIDENT	142,505	EMPLOYEE		No
(1) RON GOSS	BROTHER OF TOM GOSS, CFO	41,967	EMPLOYEE		No

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
(7) STEPHEN KASTNER	SON OF MARK KASTNER, BOARD CHAIR	64,534	EMPLOYEE		No
(1) ROBIN KASTNER	SPOUSE OF MARK KASTNER, BOARD CHAIR	31,642	EMPLOYEE		No

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
(9) REBECCA NOLAN	SISTER OF MARILYN NOLAN, CEO	17,173	EMPLOYEE		No

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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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 3	DUE TO SIGNIFICANT DECLINES IN SERVICES AND RELATED CONTRACTS IN THE STATE OF ARKANSAS, PFH MADE THE DECISION TO DISCONTINUE OPERATIONS IN THE STATE OF ARKANSAS SUBSEQUENT TO YEAR END PFH TRANSFERRED OR LEASED SUBSTANTIALLY ALL OF ITS ASSETS AND OPERATIONS TO OTHER PROVIDERS OF SERVICES IN ARKANSAS SO THAT SERVICES TO CLIENTS WOULD NOT BE INTERRUPTED THE TRANSFER AND LEASING OF THE ASSETS IN ARKANSAS IMPACTED APPROXIMATELY 45 LOCATIONS GENERATING APPROXIMATELY $50,600,000 OF NET REVENUES FOR THE YEAR ENDED JUNE 30, 2018 NOTWITHSTANDING THE LOSS OF REVENUE AND OPERATIONS IN ARKANSAS, THE ORGANIZATION HAS CONTINUED TO PROVIDE SERVICES TO CLIENTS WITHOUT INTERRUPTION THROUGH ITS REMAINING OPERATIONS IN MISSOURI, OKLAHOMA, KANSAS AND ILLINOIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TOM GOSS, CFO OF PREFERRED FAMILY HEALTHCARE INC THROUGH 01/2018, AND BONTIEA GOSS, COO OF PREFERRED FAMILY HEALTHCARE INC THROUGH 01/2018, HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 A COPY OF THE FORM 990 WAS DELIVERED TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL PRIOR TO SIGNING AND FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PREFERRED FAMILY HEALTHCARE, INC HAS A CONFLICT OF INTEREST POLICY TO PROTECT ITS INTEREST WHEN CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A DIRECTOR OR AN OFFICER OF THE ORGANIZATION OR THAT MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION ANNUALLY, ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST STATEMENT DISCLOSING ANY POSSIBLE SOURCES OF CONFLICT THESE POTENTIAL CONFLICTS ARE PRESENTED AT A BOARD MEETING WITH THE INTERESTED PARTY BEING EXCUSED FROM THE ROOM THE REMAINING BOARD MEMBERS DELIBERATE THE ISSUES AND DETERMINE WHETHER THE TRANSACTION IS ACCEPTABLE TO THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT BOARD COMPENSATION COMMITTEE PERFORMED A REVIEW OF COMPENSATION FOR THE CEO, CFO AND CERTAIN OTHER INDIVIDUALS AND OFFICERS IN 2018 THE REVIEW WAS BASED ON A REPORT FROM AN INDEPENDENT, NATIONALLY RECOGNIZED COMPENSATION CONSULTING FIRM, WHICH COMPARED THE COMPENSATION OF THE POSITIONS WITH SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS THE REPORT DEMONSTRATED THAT THE COMPENSATION PAID WAS REASONABLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT, THE BOARD OF DIRECTORS OVERSEES THE DECISIONS OF THE FINANCE COMMITTEE THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE L, PART I - EXCESS BENEFIT TRANSACTIONS	LISTED BELOW ARE TRANSACTIONS OCCURRING DURING THE PERIOD FROM JULY 1, 2017 THROUGH JUNE 3 0, 2018 (THE "REPORTED PERIOD") THAT ARE EITHER REPORTED ON SCHEDULE L AS EXCESS BENEFIT T RANSACTIONS OR DISCLOSED AS SUPPLEMENTAL INFORMATION ON SCHEDULE O AS POTENTIAL EXCESS BEN EFIT TRANSACTIONS, PENDING FURTHER REVIEW WHERE STATED, THE TRANSACTIONS MAY ALSO HAVE OC CURRED OR BEEN INITIATED PRIOR TO THE REPORTED PERIOD AND HAVE BEEN PREVIOUSLY REPORTED ON PRIOR FORM 990S 1 THE FOLLOWING ARE TRANSACTIONS REPORTABLE ON SCHEDULE L AS EXCESS BEN EFIT TRANSACTIONS DURING THE REPORTED PERIOD WHERE THE AMOUNT OF THE EXCESS BENEFIT IS ASC ERTAINABLE BY PFH A PERSONAL ASSISTANT FOR BONTIEA GOSS AND/OR TOM GOSS DURING THE REPO RTED PERIOD AND BEFORE, AN EMPLOYEE ON THE PAYROLL OF PFH WAS LIVING IN BOULDER, COLORADO AND APPEARS TO HAVE BEEN PERFORMING ODD JOBS AND PERSONAL SERVICES FOR BONTIEA GOSS AND TO M GOSS THE INDIVIDUAL PERFORMING THE SERVICES WAS NOT PERFORMING ANY SERVICES FOR AO/PFH THE SALARY AND BENEFITS FOR THIS INDIVIDUAL DURING THE REPORTED PERIOD TOTALED APPROXIMAT ELY $16,771 THERE IS NO DOCUMENTATION EVIDENCING APPROVAL OR AUTHORIZATION OF THIS ARRANG EMENT BY THE GOVERNING BODY OF PFH MR AND MRS GOSS WERE SENIOR EXECUTIVES OF PFH UNTIL THEIR EMPLOYMENT WAS TERMINATED BY PFH IN EARLY 2018 PFH HAS INITIATED LITIGATION AGAINST MR AND MRS GOSS IN AN ATTEMPT TO RECOVER THE AMOUNT OF THE EXCESS BENEFIT B TRANSACTI ONS WITH PRO1 I BONTIEA GOSS, TOM GOSS AND JEFF EDGAR (BONTIEA GOSS'S BROTHER) COLLECTIV ELY OWN MORE THAN 35% OF PRO1, AN ENTITY WHICH SELLS THERMOSTATS DURING THE REPORTED PERI OD AND BEFORE, PRO1 MAINTAINED AN OFFICE AT 1111 SOUTH GLENSTONE, IN SPRINGFIELD, MISSOURI , A BUILDING OWNED BY PFH THE SQUARE FOOTAGE OCCUPIED BY PRO1 WAS APPROXIMATELY 500 SQ/FT DURING THE REPORTED PERIOD, THIRD PARTY TENANTS LEASING SPACE AT THIS BUILDING HAVE PAID AN AVERAGE RENT PER SQUARE FOOT APPROXIMATING $14 79 USING THIS AVERAGE, MANAGEMENT ESTI MATES PRO1'S RENT DURING THE REPORTED PERIOD SHOULD HAVE BEEN $616 25 MONTHLY FOR SPACE IN THE BUILDING WHEN IN FACT PRO1 PAID $250 PER MONTH THE DIFFERENCE IN RENT PAID DURING TH E REPORTED PERIOD, LESS THE RENT ACTUALLY PAID BY PRO1, RESULTS IN $733 OF UNDERPAID RENT THAT CONSTITUTED AN EXCESS BENEFIT TRANSACTION TO PRO1 THERE IS NO LEASE OR OTHER DOCUMEN TATION EVIDENCING APPROVAL OR AUTHORIZATION OF THIS ARRANGEMENT BY THE GOVERNING BODY PFH INTENDS TO SEEK RECOVERY OF THIS AMOUNT FROM PRO1 PLUS INTEREST 2 THE FOLLOWING ARE OTH ER TRANSACTIONS DURING THE REPORTED PERIOD WHICH MAY OR MAY NOT BE EXCESS BENEFIT TRANSACT IONS, BUT WHICH ARE BEING DISCLOSED ON SCHEDULE O A TRANSACTIONS WITH PRO1 PFH PAID PRO 1 ALLEGEDLY FOR THE AGREEMENT OF PRO1 TO EMPLOY CERTAIN INDIVIDUALS INVOLVED IN THE PFH WO RKFORCE DEVELOPMENT PROGRAMS WHO SPENT TIME WORKING AT A PRO1 WAREHOUSE DURING THE REPORTE D PERIOD AND BEFORE PFH IS UNABLE AT THIS TIME TO DETERMINE HOW MANY PEOPLE WERE BEING TR AINED OR THE TRAINING THEY REC

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE L, PART I - EXCESS BENEFIT TRANSACTIONS	EIVED AT THE PRO1 FACILITY THE TOTAL AMOUNT PAID FROM PFH TO PRO1 DURING THE REPORTED PER IOD AMOUNTED TO $6,000 THERE ARE MINUTES OF A MEETING OF THE GOVERNING BODY EVIDENCING A DISCUSSION OF THIS RELATIONSHIP, BUT PFH IS UNABLE AT THIS TIME TO DETERMINE THE EXTENT OF SERVICES PROVIDED BY PRO1 TO PFH AND IS THEREFORE UNABLE TO DETERMINE WHETHER THE PAYMENT TO PRO1 WAS AT FAIR MARKET VALUE MS GOSS AND MR GOSS WERE THE EXECUTIVES OF AO WHO AUT HORIZED THE AGREEMENT WITH PRO 1 THEIR EMPLOYMENT WITH PFH WAS TERMINATED IN EARLY 2018 B TOM GOSS EMPLOYMENT MR GOSS IS THE FORMER CFO OF AO AND SUBSEQUENT TO THE MERGER OF A O INTO PFH, BECAME THE CFO OF PFH AO/PFH ASSUMED THAT MR GOSS WAS WORKING FULL TIME ON A O/PFH MATTERS HOWEVER, PFH HAS BECOME AWARE THAT DURING THE REPORTED PERIOD AND BEFORE MR GOSS MAY HAVE BEEN PROVIDING SERVICES FOR HIS OWN BUSINESS AND/OR THE BUSINESS OF ENTITI ES OTHER THAN PFH PFH IS NOT AT THIS TIME IN POSSESSION OF INFORMATION SUFFICIENT TO VERI FY THE AMOUNT OF TIME MR GOSS WORKED FOR HIMSELF OR OTHERS AND IS THEREFORE UNABLE TO VER IFY THE AMOUNT OF HIS PFH COMPENSATION THAT MAY HAVE CONSTITUTED AN EXCESS BENEFIT TO MR GOSS MR GOSS' EMPLOYMENT WAS TERMINATED BY PFH IN EARLY 2018 C CREDIT CARD "MILES" FOR TOM GOSS DURING THE REPORTED PERIOD AND BEFORE, MR GOSS USED HIS PERSONAL CREDIT CARD T O PURCHASE PRODUCTS AND SERVICES FOR PFH AND WAS REIMBURSED BY PFH FOR EACH DOLLAR SPENT DURING THE REPORTED PERIOD, THE AMOUNT REIMBURSED TO MR GOSS WAS APPROXIMATELY $146,232 MR GOSS RETAINED ALL BENEFITS (IN THE FORM OF AIRLINE MILEAGE, ETC) RESULTING FROM SUCH CHARGES PFH IS UNABLE TO DETERMINE THE VALUE TO MR GOSS OF ANY SUCH BENEFITS IF THE RET ENTION OF THE BENEFITS BY MR GOSS CONSTITUTES AN EXCESS BENEFIT TRANSACTION, AND IF PFH I S ABLE TO DETERMINE THE VALUE THEREOF, PFH WILL SEEK RECOVERY OF THE VALUE OF THOSE BENEFI TS PLUS INTEREST MR GOSS'S EMPLOYMENT WITH PFH WAS TERMINATED IN EARLY 2018 D CERTAIN EMPLOYEES DURING THE REPORTED PERIOD AND BEFORE, THE FOLLOWING RELATIVES OF DISQUALIFIED PERSONS RECEIVED COMPENSATION AS EMPLOYEES OF PFH PFH IS EITHER UNABLE TO VERIFY THAT THE Y PERFORMED ANY WORK FOR THE COMPANY, OR IS AWARE THAT THEY DID PERFORM SOME WORK BUT THE AMOUNT PERFORMED WAS NOT COMMENSURATE WITH THE COMPENSATION RECEIVED IF PFH IS ABLE TO OB TAIN INFORMATION CONFIRMING THAT AN EXCESS BENEFIT TRANSACTION DID OCCUR, PFH WILL SEEK RE COVERY OF THE AMOUNT FROM THE DISQUALIFIED PERSON PLUS INTEREST BECKY NOLAN (SISTER OF DI SQUALIFIED PERSON MARILYN NOLAN) RECEIVED COMPENSATION FROM PFH FOR PROVIDING FOOD FOR MON THLY BOARD MEETINGS OF PFH PFH TERMINATED THE EMPLOYMENT OF MS NOLAN IN JANUARY 2018 E BASEBALL TICKETS DURING THE REPORTED PERIOD AND BEFORE, AO/PFH PURCHASED, AND MADE AVAIL ABLE TO DISQUALIFIED PERSONS, SEASON TICKETS TO BASEBALL GAMES AT THIS TIME, AO/PFH DOES NOT HAVE ADEQUATE RECORDS AVAILABLE TO DETERMINE WHETHER THE USE BY THE DISQUALIFIED PERSO NS CONSTITUTES AN EXCESS BENEF

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE L, PART I - EXCESS BENEFIT TRANSACTIONS	IT 3 THE FOLLOWING TRANSACTIONS ARE POTENTIAL EXCESS BENEFIT TRANSACTIONS THAT HAVE NOT BEEN DISCLOSED ON PRIOR 990S AND OCCURRED PRIOR TO THE REPORTED PERIOD A CERTAIN TRANSAC TIONS ALLEGED IN INDICTMENT OF FORMER EXECUTIVES THE FOLLOWING TRANSACTIONS WERE DESCRIBE D IN A FEDERAL GRAND JURY INDICTMENT OF TWO FORMER EXECUTIVES, MR AND MRS GOSS THESE TR ANSACTIONS OCCURRED PRIOR TO THE REPORTED PERIOD, BUT PFH ONLY BECAME AWARE OF THESE TRANS ACTIONS THROUGH THE INDICTMENT, WHICH WAS FILED ON MARCH 29, 2019 PFH IS UNABLE TO DETERM INE WHETHER OR NOT THESE TRANSACTIONS CONSTITUTE EXCESS BENEFIT TRANSACTIONS TO DISQUALIFI ED PERSONS IF PFH IS ABLE TO OBTAIN INFORMATION CONFIRMING THAT AN EXCESS BENEFIT TRANSAC TION DID OCCUR, PFH WILL SEEK RECOVERY OF THE AMOUNT FROM THE DISQUALIFIED PERSON PLUS INT EREST I IT HAS BEEN ALLEGED THAT MR AND MRS GOSS DIRECTED PAYMENTS FROM PFH AND ITS PR EDECESSORS, TO A PERSONAL ASSISTANT, (IN ADDITION TO THE PERSONAL ASSISTANT REFERRED TO IN PARAGRAPH 1A OF SCHEDULE L) WHO WAS PROVIDING PERSONAL SERVICES TO MR AND MRS GOSS THE SE PAYMENTS WERE MADE PRIOR TO THE CURRENT REPORTED PERIOD, HOWEVER, IF PFH IS ABLE TO OBT AIN INFORMATION CONFIRMING THAT AN EXCESS BENEFIT TRANSACTION DID OCCUR, PFH WILL SEEK REC OVERY OF THE AMOUNT FROM THE DISQUALIFIED PERSON PLUS INTEREST II PRIOR TO THE REPORTED PERIOD, PFH AND ITS PREDECESSORS MADE PAYMENTS TO THE ALLIANCE FOR HEALTH IMPROVEMENT, INC FOR MEMBERSHIP DUES IT HAS BEEN ALLEGED THAT THIS ENTITY WAS OWNED AND/OR BENEFITED CER TAIN DISQUALIFIED PERSONS, AND THE DUES MAY CONSTITUTE AN EXCESS BENEFIT TRANSACTION IF PF H DID NOT RECEIVE FAIR MARKET VALUE SERVICES IN RETURN FOR THE DUES PAID IF PFH IS ABLE T O OBTAIN INFORMATION CONFIRMING THAT AN EXCESS BENEFIT TRANSACTION DID OCCUR, PFH WILL SEE K RECOVERY OF THE AMOUNT FROM THE DISQUALIFIED PERSON PLUS INTEREST

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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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

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) PFH TRANSPORT LLC 1111 S GLENSTONE AVE 3-100 SPRINGFIELD, MO 65804	INACTIVE	MO	0	0	PREFERRED FAMILY HEALTHCARE INC

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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CALLYN HEIGHTS APARTMENTS LP 900 E LAHARPE STREET KIRKSVILLE, MO 63501 36-4752772	LOW INCOME HOUSING	MO	N/A	RELATED				No		Yes		0 010 %
(2) CHLOE PLACE APARTMENTS LP 900 E LAHARPE STREET KIRKSVILLE, MO 63501 47-2660591	LOW INCOME HOUSING	MO	N/A	RELATED				No		Yes		0 010 %
(3) SPRINGFIELD PARTNERS LLC 2626 W COLLEGE ROAD SPRINGFIELD, MO 65803 20-4456484	CASE MANAGEMENT SERVICES	MO	N/A	RELATED	3,423,148	845,907		No		Yes		33 330 %

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	(i) No
(1)PFH AVIATION INC 900 E LAHARPE STREET KIRKSVILLE, MO 63501 20-2935146	AVIATION	MO	PREFERRED FAMILY HEALTHCARE INC	S	-46,900	345,704	100 000 %	Yes	
(2)CALLYN HEIGHTS LLC 900 E LAHARPE STREET KIRKSVILLE, MO 63501 45-3736330	HOUSING	MO	PREFERRED FAMILY HEALTHCARE INC	C			100 000 %	Yes	
(3)CHARITABLE TRUST	TRUST	MO		T			100 000 %	Yes	
(4)CHLOE PLACE LLC 900 E LAHARPE STREET KIRKSVILLE, MO 63501 46-3340704	HOUSING	MO	PREFERRED FAMILY HEALTHCARE INC	C			100 000 %	Yes	

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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)SPRINGFIELD PARTNERS LLC	K	60,000	FAIR MARKET VALUE
(2)SPRINGFIELD PARTNERS LLC	R	750,000	FAIR MARKET VALUE
(3)SPRINGFIELD PARTNERS LLC	P	2,587,185	FAIR MARKET VALUE
(4)GOOD SHEPHERD MANOR HOUSING CORPORATION	P	144,465	FAIR MARKET VALUE
(5)PFH AVIATION INC	D	893,030	FAIR MARKET VALUE
(6)CHLOE PLACE APTS LP	D	838,012	FAIR MARKET VALUE

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) 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		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 43-1236557
Name: PREFERRED FAMILY HEALTHCARE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
10101 JAMES A REED ROAD KANSAS CITY, MO 64134 43-1536704	HUD HOUSING	MO	501(C)(3)	LINE 12A, I	PREFERRED FAMILY HEALTHCARE INC	Yes	
10101 JAMES A REED ROAD KANSAS CITY, MO 64134 14-1987692	HUD HOUSING	MO	501(C)(3)	LINE 12A, I	PREFERRED FAMILY HEALTHCARE INC	Yes	
1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 30-0186032	HUD HOUSING	AR	501(C)(3)	LINE 10	N/A		No
1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 31-1644449	HUD HOUSING	AR	501(C)(3)	LINE 10	N/A		No
1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 58-1933654	HUD HOUSING	AR	501(C)(3)	LINE 10	N/A		No
1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 58-1820390	HUD HOUSING	AR	501(C)(3)	LINE 10	N/A		No
1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 58-1602907	HUD HOUSING	AR	501(C)(3)	LINE 10	N/A		No
1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 62-1679142	HUD HOUSING	AR	501(C)(3)	LINE 10	N/A		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SPRINGFIELD PARTNERS LLC	K	60,000	FAIR MARKET VALUE
SPRINGFIELD PARTNERS LLC	R	750,000	FAIR MARKET VALUE
SPRINGFIELD PARTNERS LLC	P	2,587,185	FAIR MARKET VALUE
GOOD SHEPHERD MANOR HOUSING CORPORATION	P	144,465	FAIR MARKET VALUE
PFH AVIATION INC	D	893,030	FAIR MARKET VALUE
CHLOE PLACE APTS LP	D	838,012	FAIR MARKET VALUE