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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FREEMAN HEALTH SYSTEM

% STEVE GRADDY

Doing business as

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

1102 W 32ND STREET

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

JOPLIN, MO 64804

F Name and address of principal officer

PAULA BAKER

1102 W 32ND STREET

JOPLIN, MO 64804

D Employer identification number

43-1704371

E Telephone number

(417) 347-1111

G Gross receipts \$ 629,924,176

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: WWW FREEMANHEALTH COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1922

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

FREEMAN HEALTH SYSTEM PROVIDES WORLD-CLASS, COMPASSIONATE HEALTHCARE SERVICES WHERE IT MATTERS MOST, CLOSE TO HOME SEE SCHEDULE O FOR ADDITIONAL INFORMATION

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

13

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 2018 (Part V, line 2a)

5

4,737

6 Total number of volunteers (estimate if necessary)

6

200

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

8,826,120

7b Net unrelated business taxable income from Form 990-T, line 34

7b

866,986

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) 782,286

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

Signature of officer

STEVE GRADDY CFO

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00422601

Firm's name BKD LLP

Firm's EIN

Firm's address 910 E ST LOUIS 200/PO BOX 1190

Phone no (417) 865-8701

SPRINGFIELD, MO 658062523

Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

|                     |         |              |             |                        |             |             |               |
|---------------------|---------|--------------|-------------|------------------------|-------------|-------------|---------------|
| <b>4a</b>           | (Code ) | (Expenses \$ | 249,202,123 | including grants of \$ | 3,419,851 ) | (Revenue \$ | 288,805,489 ) |
| See Additional Data |         |              |             |                        |             |             |               |

|                     |         |              |             |                        |   |             |               |
|---------------------|---------|--------------|-------------|------------------------|---|-------------|---------------|
| <b>4b</b>           | (Code ) | (Expenses \$ | 161,889,486 | including grants of \$ | ) | (Revenue \$ | 187,027,713 ) |
| See Additional Data |         |              |             |                        |   |             |               |

|                     |         |              |            |                        |   |             |              |
|---------------------|---------|--------------|------------|------------------------|---|-------------|--------------|
| <b>4c</b>           | (Code ) | (Expenses \$ | 28,493,690 | including grants of \$ | ) | (Revenue \$ | 61,178,175 ) |
| See Additional Data |         |              |            |                        |   |             |              |

|           |  |  |                        |  |             |   |
|-----------|--|--|------------------------|--|-------------|---|
| <b>4d</b> | Other program services (Describe in Schedule O ) |  |                        |  |             |   |
|           | (Expenses \$                                     |  | including grants of \$ |  | (Revenue \$ | ) |

|           |   |             |
|-----------|---|-------------|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 439,585,299 |
|-----------|---|-------------|

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> 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  | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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   | <b>4</b> Yes   |    |
| <b>5</b> 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   | <b>5</b>       | No |
| <b>6</b> 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  | <b>6</b>       | No |
| <b>7</b> 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  | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | <b>8</b>       | No |
| <b>9</b> 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             | <b>9</b>       | No |
| <b>10</b> 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   | <b>10</b> Yes  |    |
| <b>11</b> 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   |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | <b>11a</b> Yes |    |
| <b>b</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   | <b>11b</b>     | No |
| <b>c</b> 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   | <b>11c</b>     | No |
| <b>d</b> 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  | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <b>11e</b> Yes |    |
| <b>f</b> 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  | <b>11f</b>     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>12a</b>     | No |
| <b>b</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   | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b>     | No |
| <b>b</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 | <b>14b</b>     | No |
| <b>15</b> 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   | <b>15</b>      | No |
| <b>16</b> 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   | <b>16</b>      | No |
| <b>17</b> 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)  | <b>17</b>      | No |
| <b>18</b> 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   | <b>18</b> Yes  |    |
| <b>19</b> 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   | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | <b>20b</b> Yes |    |
| <b>21</b> 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  | <b>21</b> Yes  |    |
| <b>22</b> 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  | <b>22</b> Yes  |    |

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

|            |  | Yes            | No |
|------------|--|----------------|----|
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b> Yes  |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> Yes |    |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b>     | No |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b>     | No |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b>     | No |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b>     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b>     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | <b>26</b>      | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>      | No |
| <b>28</b>  | 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)   |                |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b>     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> Yes |    |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b>     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>      | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>      | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>      | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>      | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b> Yes  |    |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b> Yes  |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> Yes |    |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>      | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>      | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b> 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 |
|-----------|--|---------------|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | <b>1a</b> 184 |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> 0   |    |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> Yes |    |

|  |  |           |       |            |     |    |
|--|--|-----------|-------|------------|-----|----|
| <b>2a</b> 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 . . . . .  |  | <b>2a</b> | 4,737 |            |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                    |  |           |       | <b>2b</b>  | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |  |           |       | <b>3a</b>  | Yes |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .   |  |           |       | <b>3b</b>  | Yes |    |
| <b>4a</b> 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)? . . . . . |  |           |       | <b>4a</b>  |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   |  |           |       |            |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |  |           |       | <b>5a</b>  |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |  |           |       | <b>5b</b>  |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |  |           |       | <b>5c</b>  |     |    |
| <b>6a</b> 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? . . . . .                                    |  |           |       | <b>6a</b>  |     | No |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   |  |           |       | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |  |           |       |            |     |    |
| <b>a</b> 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? . . . . .   |  |           |       | <b>7a</b>  | Yes |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   |  |           |       | <b>7b</b>  | Yes |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |  |           |       | <b>7c</b>  |     | No |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   |  |           |       | <b>7d</b>  |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |  |           |       | <b>7e</b>  |     | No |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  |  |           |       | <b>7f</b>  |     | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  |  |           |       | <b>7g</b>  |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  |  |           |       | <b>7h</b>  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |  |           |       |            |     |    |
|  |  |           |       | <b>8</b>   |     |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |  |           |       | <b>9a</b>  |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   |  |           |       | <b>9b</b>  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter   |  |           |       |            |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  |  |           |       | <b>10a</b> |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |  |           |       | <b>10b</b> |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter  |  |           |       |            |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .   |  |           |       | <b>11a</b> |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .  |  |           |       | <b>11b</b> |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  |           |       |            |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |  |           |       | <b>12b</b> |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |           |       |            |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |  |           |       | <b>13a</b> |     |    |
| <b>b</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 . . . . .   |  |           |       | <b>13b</b> |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .  |  |           |       | <b>13c</b> |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  |  |           |       | <b>14a</b> |     | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   |  |           |       | <b>14b</b> |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .                       |  |           |       | <b>15</b>  |     | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .   |  |           |       | <b>16</b>  |     | No |

**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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O    |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | 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?   |     | No |
| <b>3</b>  | 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? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  |     | No |
| <b>7a</b> | 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?  |     | No |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body?   | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | 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.       |     | No |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13.   | Yes |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official.  | Yes |    |
| <b>b</b>   | Other officers or key employees of the organization.   | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | Yes |    |
| <b>b</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? | Yes |    |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:  
 ▶ STEVE GRADY 1102 WEST 32ND STREET JOPLIN, MO 64804 (417) 347-6678

## 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 ☒

☒

● 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

[illegible]

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

[illegible]

|  |            |         |           |
|--|------------|---------|-----------|
| <b>1b Sub-Total</b>  |            |         |           |
| <b>c Total from continuation sheets to Part VII, Section A</b> |            |         |           |
| <b>d Total (add lines 1b and 1c)</b>                           | 16,007,550 | 424,258 | 1,005,784 |

**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 ▶ 307

|          |   | Yes          | No |
|----------|---|--------------|----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>  | <b>3</b>     | No |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i> | <b>4</b> Yes |    |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>                       | <b>5</b>     | No |

## Section B. Independent Contractors

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

| (A)  | (B)                     | (C)          |
|--|-------------------------|--------------|
| Name and business address  | Description of services | Compensation |
| CROTHALL SERVICES GROUP,<br>13028 COLLECTION CENTER DRIVE<br>CHICAGO, IL 60693 | HOUSEKEEPING            | 5,135,411    |
| GATEWAY EMERGENCY PHYSICIANS LLP,<br>PO BOX 677979<br>DALLAS, TX 752677979     | HEALTHCARE SVCS         | 4,198,432    |
| DEWITT ASSOCIATES INC,<br>PO BOX 3378 GS<br>SPRINGFIELD, MO 65808              | CONSTRUCTION SERVICE    | 3,053,146    |
| CHOICE MARKETING LLC,<br>501 E 7TH STREET<br>JOPLIN, MO 64801                  | ADVERTISING             | 1,677,190    |
| MORRISON MGT SPECIALIST INC,<br>2400 YORKMONT ROAD<br>CHARLOTTE, NC 28217      | NUTRITION SERVICES      | 1,143,744    |

|   |  |
|---|--|
| <p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 30</p> |  |
|---|--|



| Part VIII  |   | Statement of Revenue |   |                                  |   |           |  |
|--|---|----------------------|---|----------------------------------|---|-----------|--|
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> |   |                      |   |                                  |   |           |  |
|  |   | (A)                  | (B)   | (C)                              | (D)   |           |  |
|  |   | Total revenue        | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under sections<br>512 - 514 |           |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts  | 1a Federated campaigns . . .  | 1a                   |   |                                  |   |           |  |
|  | b Membership dues . . .   | 1b                   |   |                                  |   |           |  |
|  | c Fundraising events . . .  | 1c                   | 121,486                                     |                                  |   |           |  |
|  | d Related organizations   | 1d                   |   |                                  |   |           |  |
|  | e Government grants (contributions)   | 1e                   |   |                                  |   |           |  |
|  | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above  | 1f                   | 1,426,569                                   |                                  |   |           |  |
|  | g Noncash contributions included<br>in lines 1a - 1f \$ _____   |                      |   |                                  |   |           |  |
|  | h Total. Add lines 1a-1f . . . . . ▶  |                      | 1,548,055                                   |                                  |   |           |  |
| Program Service Revenue  |   |                      | Business Code                               |                                  |   |           |  |
|  | 2a PATIENT SERVICES   |                      | 621990                                      | 501,230,988                      | 501,230,988   |           |  |
|  | b CAFETERIA & VENDING   |                      | 722210                                      | 2,758,689                        | 2,758,689   |           |  |
|  | c UNRELATED RETAIL PHARMACY   |                      | 446110                                      | 4,171,626                        |   | 4,171,626 |  |
|  | d UNRELATED LAB SERVICES  |                      | 621500                                      | 147,797                          |   | 147,797   |  |
|  | e RENT FROM AFFILIATES  |                      | 531390                                      | 146,231                          | 146,231   |           |  |
|  | f All other program service revenue   |                      |   | 28,556,046                       | 24,080,934  | 4,475,112 |  |
|  | g Total. Add lines 2a-2f . . . . . ▶  |                      | 537,011,377                                 |                                  |   |           |  |
| Other Revenue  | 3 Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶   |                      | 5,866,748                                   |                                  |   | 5,866,748 |  |
|  | 4 Income from investment of tax-exempt bond proceeds . . . . . ▶  |                      | 283,774                                     |                                  |   | 283,774   |  |
|  | 5 Royalties . . . . . ▶   |                      | 0   |                                  |   |           |  |
|  | 6a Gross rents  |                      | (i) Real                                    | (ii) Personal                    |   |           |  |
|  |   |                      | 2,619,631                                   |                                  |   |           |  |
|  | b Less rental expenses  |                      | 659,384                                     |                                  |   |           |  |
|  | c Rental income or (loss)   |                      | 1,960,247                                   | 0                                |   |           |  |
|  | d Net rental income or (loss) . . . . . ▶   |                      | 1,960,247                                   |                                  |   | 1,960,247 |  |
|  | 7a Gross amount from sales of<br>assets other than inventory  |                      | (i) Securities                              | (ii) Other                       |   |           |  |
|  |   |                      | 77,857,849                                  | 53,954                           |   |           |  |
|  | b Less cost or other basis and<br>sales expenses  |                      | 75,000,196                                  | 11,899                           |   |           |  |
|  | c Gain or (loss)  |                      | 2,857,653                                   | 42,055                           |   |           |  |
|  | d Net gain or (loss) . . . . . ▶  |                      | 2,899,708                                   |                                  |   | 2,899,708 |  |
|  | 8a Gross income from fundraising events<br>(not including \$ 121,486 of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . a |                      | 462,284                                     |                                  |   |           |  |
|  | b Less direct expenses . . . . . b  |                      | 402,880                                     |                                  |   |           |  |
|  | c Net income or (loss) from fundraising events . . . . . ▶  |                      | 59,404                                      |                                  |   | 59,404    |  |
|  | 9a Gross income from gaming activities<br>See Part IV, line 19 . . . . . a  |                      | 0   |                                  |   |           |  |
|  | b Less direct expenses . . . . . b  |                      | 0   |                                  |   |           |  |
| c Net income or (loss) from gaming activities . . . . . ▶  |   | 0                    |   |                                  |   |           |  |
| 10a Gross sales of inventory, less<br>returns and allowances . . . . . a                               |   | 565,939              |   |                                  |   |           |  |
| b Less cost of goods sold . . . . . b  |   | 319,432              |   |                                  |   |           |  |
| c Net income or (loss) from sales of inventory . . . . . ▶   |   | 246,507              |   |                                  | 246,507   |           |  |
| Miscellaneous Revenue  |   | Business Code        |   |                                  |   |           |  |
| 11a INVESTMENT IN SUBSIDIARY   |   | 900099               | 2,314,343                                   |                                  | 31,585  | 2,282,758 |  |
| b INSURANCE SETTLEMENT   |   | 900099               | 1,340,222                                   |                                  |   | 1,340,222 |  |
| c  |   |                      |   |                                  |   |           |  |
| d All other revenue . . . . .  |   |                      |   |                                  |   |           |  |
| e Total. Add lines 11a-11d . . . . . ▶   |   | 3,654,565            |   |                                  |   |           |  |
| 12 Total revenue. See Instructions . . . . . ▶   |   | 553,530,385          | 528,216,842                                 | 8,826,120                        | 14,939,368  |           |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 3,136,492             | 3,136,492                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 283,359               | 283,359                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 8,205,431             | 4,216,166                       | 3,989,265                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 1,633,965             | 1,633,965                       |  |                             |
| <b>7</b> Other salaries and wages.  | 228,870,410           | 199,553,010                     | 28,913,262                             | 404,138                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).  | 3,474,118             | 2,978,620                       | 480,648                                | 14,850                      |
| <b>9</b> Other employee benefits.   | 27,830,010            | 24,084,743                      | 3,628,511                              | 116,756                     |
| <b>10</b> Payroll taxes.  | 13,575,071            | 11,699,522                      | 1,828,031                              | 47,518                      |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management.  | 0                     |                                 |  |                             |
| <b>b</b> Legal.   | 280,741               |                                 | 280,741                                |                             |
| <b>c</b> Accounting.  | 363,620               |                                 | 363,620                                |                             |
| <b>d</b> Lobbying.  | 0                     |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees.  | 335,862               |                                 | 335,862                                |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 35,497,998            | 20,582,340                      | 14,846,988                             | 68,670                      |
| <b>12</b> Advertising and promotion.  | 2,074,028             | 1,784,703                       | 286,436                                | 2,889                       |
| <b>13</b> Office expenses.  | 21,970,300            | 15,066,060                      | 6,833,305                              | 70,935                      |
| <b>14</b> Information technology.   | 141,135               |                                 | 141,135                                |                             |
| <b>15</b> Royalties.  | 0                     |                                 |  |                             |
| <b>16</b> Occupancy.  | 7,019,345             | 7,012,816                       |  | 6,529                       |
| <b>17</b> Travel.   | 812,836               | 641,938                         | 159,037                                | 11,861                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 1,148,827             | 569,295                         | 578,879                                | 653                         |
| <b>20</b> Interest.   | 3,741,908             | 3,230,015                       | 505,906                                | 5,987                       |
| <b>21</b> Payments to affiliates.   | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 16,111,934            | 13,943,373                      | 2,143,198                              | 25,363                      |
| <b>23</b> Insurance.  | 10,179,945            | 3,042,328                       | 7,137,617                              |                             |
| <b>24</b> 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):                                       |                       |                                 |  |                             |
| <b>a</b> MEDICAL SUPPLIES & DRUGS   | 103,678,856           | 103,678,856                     |  |                             |
| <b>b</b> PROVIDER TAXES & FEES  | 22,187,601            | 22,187,601                      |  |                             |
| <b>c</b> LICENSES, DUES, SUBSCRIPTIONS  | 682,038               | 259,958                         | 415,943                                | 6,137                       |
| <b>d</b> OTHER EXPENSE  | 454,704               | 139                             | 454,565                                |                             |
| <b>e</b> All other expenses.  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 513,690,534           | 439,585,299                     | 73,322,949                             | 782,286                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

|                                    |  |   |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|--|---|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .   |             | 22,790,613               | <b>1</b>    | 25,333,635         |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .  |             | 17,610,528               | <b>2</b>    | 16,405,382         |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .  |             | 4,711,035                | <b>3</b>    | 4,434,832          |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .  |             | 58,676,229               | <b>4</b>    | 61,531,684         |
|                                    | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |             | 0                        | <b>5</b>    | 0                  |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |             | 0                        | <b>6</b>    | 0                  |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .   |             | 192,525                  | <b>7</b>    | 146,157            |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .   |             | 8,691,358                | <b>8</b>    | 8,343,472          |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .   |             | 5,404,973                | <b>9</b>    | 6,568,764          |
|                                    | <b>10a</b>   | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D  | <b>10a</b>  | 354,403,454              |             |                    |
|                                    | <b>b</b>   | Less: accumulated depreciation  | <b>10b</b>  | 218,829,141              |             |                    |
|                                    |  |   |             | 133,984,568              | <b>10c</b>  | 135,574,313        |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .  |             | 229,662,490              | <b>11</b>   | 261,103,110        |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .  |             | 2,325,861                | <b>12</b>   | 2,224,004          |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .   |             | 2,201,512                | <b>13</b>   | 4,037,495          |
|                                    | <b>14</b>  | Intangible assets . . . . .   |             | 367,030                  | <b>14</b>   | 367,030            |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .   |   | 5,954,043   | <b>15</b>                | 7,095,909   |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |   | 492,572,765 | <b>16</b>                | 533,165,787 |                    |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .   |             | 61,197,355               | <b>17</b>   | 65,101,842         |
|                                    | <b>18</b>  | Grants payable . . . . .  |             | 0                        | <b>18</b>   | 0                  |
|                                    | <b>19</b>  | Deferred revenue . . . . .  |             | 0                        | <b>19</b>   | 0                  |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .   |             | 104,416,177              | <b>20</b>   | 95,352,538         |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D   |             | 0                        | <b>21</b>   | 0                  |
|                                    | <b>22</b>  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |             | 0                        | <b>22</b>   | 0                  |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .  |             | 446,763                  | <b>23</b>   | 3,567,232          |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .  |             | 0                        | <b>24</b>   | 0                  |
|                                    | <b>25</b>  | 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   |             | 24,616,834               | <b>25</b>   | 25,208,154         |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   |             | 190,677,129              | <b>26</b>   | 189,229,766        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |             |                          |             |                    |
|                                    | <b>27</b>  | Unrestricted net assets   |             | 295,897,840              | <b>27</b>   | 337,951,639        |
|                                    | <b>28</b>  | Temporarily restricted net assets . . . . .   |             | 5,997,796                | <b>28</b>   | 5,984,382          |
|                                    | <b>29</b>  | Permanently restricted net assets   |             | 0                        | <b>29</b>   | 0                  |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |             |                          |             |                    |
|                                    | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .  |             |                          | <b>30</b>   |                    |
|                                    | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |             |                          | <b>31</b>   |                    |
|                                    | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds  |             |                          | <b>32</b>   |                    |
|                                    | <b>33</b>  | <b>Total net assets or fund balances</b> . . . . .  |             | 301,895,636              | <b>33</b>   | 343,936,021        |
|                                    | <b>34</b>  | <b>Total liabilities and net assets/fund balances</b> . . . . .   |             | 492,572,765              | <b>34</b>   | 533,165,787        |

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

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 553,530,385 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 513,690,534 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 39,839,851  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 301,895,636 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 2,200,534   |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  |             |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 343,936,021 |

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</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  |     |    |

# Additional Data

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

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

**Form 990, Part III, Line 4b:**

FREEMAN PROVIDES INPATIENT SERVICES IN JOPLIN THROUGH TWO HOSPITALS-FREEMAN HOSPITAL WEST AND FREEMAN HOSPITAL EAST IN THESE TWO HOSPITALS, PATIENTS RELY ON A VARIETY OF MEDICAL UNITS FOR MEDICAL CARE THESE INCLUDE THE GENERAL MEDICAL, GENERAL SURGERY, ORTHOPAEDIC, NEUROSURGERY, CARDIOVASCULAR, CARDIAC/MEDICAL, ONCOLOGY, CRITICAL CARE (INTENSIVE AND TRANSITIONAL), NICU (NEONATAL ICU), MATERNAL, PEDIATRIC, PSYCHIATRIC, GERIATRIC PSYCHIATRIC, AND PHYSICAL REHABILITATION UNITS SEE SCHEDULE O FOR ADDITIONAL INFORMATION

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**Form 990, Part III, Line 4c:**

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

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LANCE BESHORE PHD<br>CHAIR  | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| LARRY MCINTIRE DO<br>DIRECTOR   | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 416,077   | 0  | 9,032   |
| JOHN M COX DO<br>DIRECTOR   | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 985,427   | 0  | 28,636  |
| RODNEY MCFARLAND MD<br>DIRECTOR   | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JIM ARMSTRONG<br>SECRETARY/TREASURER  | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| GLENN MITCH MCCUMBER<br>DIRECTOR  | 1 0<br>.....<br>1 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| J SCOTT BROTHERS<br>VICE CHAIR  | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| GLENN BROWN<br>DIRECTOR   | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARK WILLIAMS<br>DIRECTOR   | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES FLEISCHAKER<br>DIRECTOR   | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| PAULA F BAKER<br>.....<br>PRESIDENT/CEO   | 54 0<br>.....<br>13 5  | X   |                       | X       |              |                              |        | 1,255,901   | 313,975  | 366,903   |
| JOSHUA BALL<br>.....<br>DIRECTOR  | 60 0<br>.....<br>0 0   | X   |                       |         |              |                              |        | 1,901,295   | 0  | 24,560  |
| BRANDON C DAVIS<br>.....<br>DIRECTOR  | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEVE W GRADDY<br>.....<br>CFO  | 50 0<br>.....<br>10 0  |   |                       | X       |              |                              |        | 551,417   | 110,283  | 104,775   |
| JEFFREY MICHAEL CARRIER<br>.....<br>CHIEF CLINICAL OFFICER  | 60 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 390,070   | 0  | 63,711  |
| DENNIS A ESTEP<br>.....<br>CMO  | 60 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 348,872   | 0  | 35,442  |
| MICHAEL J LEONE<br>.....<br>CONTROLLER  | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 481,685   | 0  | 56,963  |
| KEVIN P GAUDETTE<br>.....<br>VP REVENUE CYCLE   | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 340,252   | 0  | 57,106  |
| WESLEY B BRAMAN<br>.....<br>VP BUSINESS DEVELOPMENT   | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 280,900   | 0  | 44,344  |
| MARY A FRERER<br>.....<br>CHIEF HUMAN RESOURCE OFFICER  | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 234,103   | 0  | 38,173  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LEONARD T ROLLINS<br>.....<br>CHIEF INFORMATION OFFICER   | 60 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 255,069   | 0  | 25,561  |
| THOMAS B COY<br>.....<br>PHYSICIAN  | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,637,609   | 0  | 33,079  |
| ROBERT C STAUFFER<br>.....<br>PHYSICIAN   | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,355,197   | 0  | 24,382  |
| WILLIAM J NICHOLAS<br>.....<br>PHYSICIAN  | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 2,555,079   | 0  | 25,509  |
| DARWIN JEYARAJ<br>.....<br>PHYSICIAN  | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,604,674   | 0  | 35,729  |
| CHANCE L MATTHIESEN<br>.....<br>PHYSICIAN   | 60 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 1,413,923   | 0  | 31,879  |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

FREEMAN HEALTH SYSTEM

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

43-1704371

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| Total                              |          |  |   |    |   |   |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1                         | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")  |          |          |          |          |          |           |
| 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                         | <b>Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| 5                         | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6                         | <b>Public support.</b> Subtract line 5 from line 4  |          |          |          |          |          |           |

| Section B. Total Support                         |  |         |         |         |         |           |          |
|--|--|---------|---------|---------|---------|-----------|----------|
| Calendar year<br>(or fiscal year beginning in) ► |  | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018   | (f)Total |
| 7  | Amounts from line 4  |         |         |         |         |           |          |
| 8  | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |           |          |
| 9  | Net income from unrelated business activities, whether or not the business is regularly carried on   |         |         |         |         |           |          |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )   |         |         |         |         |           |          |
| 11   | <b>Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| 12   | Gross receipts from related activities, etc (see instructions)   |         |         |         |         | <b>12</b> |          |
| 13   | <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |           |          |

| Section C. Computation of Public Support Percentage |   |                          |
|---|---|--------------------------|
| 14  | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))  | 14                       |
| 15  | Public support percentage for 2017 Schedule A, Part II, line 14   | 15                       |
| 16a   | <b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  | <input type="checkbox"/> |
| b   | <b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization   | <input type="checkbox"/> |
| 17a   | <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization      | <input type="checkbox"/> |
| b   | <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions   | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** 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—2017.** 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 |
|---|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  | <b>3a</b>  |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  | <b>4b</b>  |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>6</b>   |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   | <b>8</b>   |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9a</b>  |    |
| <b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9b</b>  |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  | <b>10b</b> |    |

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below   |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below  |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)  |     |    |
| 2 Activities Test. Answer (a) and (b) below.   | Yes | No |
| 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   |     |    |

|   |  |                |                             |
|---|--|----------------|-----------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>  |  |                |                             |
| <div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div> |  |                |                             |
| <b>Section A - Adjusted Net Income</b>  |  | (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   | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |
| <b>Section B - Minimum Asset Amount</b>   |  | (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   | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e   | <b>Discount</b> 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   | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| <b>Section C - Distributable Amount</b>   |  |                | 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   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |                             |
| 7   | <div><input type="checkbox"/></div> 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 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013. . . . .  |                             |  |   |
| b From 2014. . . . .  |                             |  |   |
| c From 2015. . . . .  |                             |  |   |
| d From 2016. . . . .  |                             |  |   |
| e From 2017. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a Excess from 2014. . . . .   |                             |  |   |
| b Excess from 2015. . . . .   |                             |  |   |
| c Excess from 2016. . . . .   |                             |  |   |
| d Excess from 2017. . . . .   |                             |  |   |
| e Excess from 2018. . . . .   |                             |  |   |

Additional Data

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

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

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**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<br>FREEMAN HEALTH SYSTEM | Employer identification number<br>43-1704371 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|          |   |      |
|----------|---|------|
| <b>1</b> | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") |      |
| <b>2</b> | Political campaign activity expenditures (see instructions)   | ▶ \$ |
| <b>3</b> | Volunteer hours for political campaign activities (see instructions)  |      |

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

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

|          |   |  |
|----------|---|--|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities  | ▶ \$   |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   | ▶ \$   |
| <b>3</b> | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  | ▶ \$   |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5</b> | 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)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|---|---|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **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)                         | <b>(a)</b> 2015 | <b>(b)</b> 2016 | <b>(c)</b> 2017 | <b>(d)</b> 2018 | <b>(e)</b> Total |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying nontaxable amount                                |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                                |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                               |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> 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) |    | (b)    |
|-----------|--|-----|----|--------|
|           |  | Yes | No | Amount |
| <b>1</b>  | 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 |     |    |        |
| <b>a</b>  | Volunteers?  |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | No |        |
| <b>c</b>  | Media advertisements?  |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public?   |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements?  |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?   |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |        |
| <b>i</b>  | Other activities?  | Yes |    | 29,188 |
| <b>j</b>  | Total. Add lines 1c through 1i   |     |    | 29,188 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b>  | 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**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."**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   | <b>2a</b> |  |
| <b>a</b> | Current year   | <b>2b</b> |  |
| <b>b</b> | Carryover from last year   | <b>2c</b> |  |
| <b>c</b> | Total  | <b>3</b>  |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>4</b>  |  |
| <b>4</b> | 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? | <b>5</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)   |           |  |

**Part IV Supplemental Information**

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

| Return Reference                 | Explanation   |
|----------------------------------|---|
| SCHEDULE C, PART II-B, LINE 1(I) | OTHER LOBBYING ACTIVITIES. THE ORGANIZATION PAYS DUES TO THE MISSOURI HOSPITAL ASSOCIATION (MHA), THE AMERICAN HOSPITAL ASSOCIATION (AHA), AND THE SAFETY NET HOSPITALS FOR PHARMACEUTICAL ACCESS (SNHPA). A PORTION OF THESE DUES, TOTALING \$29,188, ARE ATTRIBUTABLE TO LOBBYING PURPOSES. ADDITIONALLY, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY OCCUR BUT ARE INSIGNIFICANT. |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" 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 7/25/06, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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                     | 68,952          | 63,894        |                   |                     |                    |
| b Contributions                                  |                 |               | 60,000            |                     |                    |
| c Net investment earnings, gains, and losses     | 701             | 7,498         | 6,294             |                     |                    |
| d Grants or scholarships                         | 2,750           | 2,440         | 2,400             |                     |                    |
| e Other expenditures for facilities and programs |                 |               |                   |                     |                    |
| f Administrative expenses                        |                 |               |                   |                     |                    |
| g End of year balance                            | 66,903          | 68,952        | 63,894            |                     |                    |

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

100.000%

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

(i)

unrelated organizations

(ii)

related organizations

b

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | No |
| 3a(ii) |     | No |
| 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   | 5,037,172                            | 7,654,521                       |                              | 12,691,693     |
| b Buildings   |                                      | 173,905,520                     | 99,842,932                   | 74,062,588     |
| c Leasehold improvements  |                                      | 2,718,066                       | 2,461,095                    | 256,971        |
| d Equipment   |                                      | 148,817,120                     | 109,610,358                  | 39,206,762     |
| e Other   |                                      | 16,271,055                      | 6,914,756                    | 9,356,299      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 135,574,313    |

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>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<br>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  | 0              |  |
| EST SELF INSURANCE COST   | 17,480,027     |  |
| DUE TO 3RD PARTY  | 6,100,000      |  |
| OTHER LIABILITIES   | 1,523,933      |  |
| DUE TO RELATED PARTY  | 104,194        |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 25,208,154     |  |

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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 553,538,304 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 2,200,534   |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | -939,329    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 1,261,205   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 552,277,099 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 1,253,286   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 1,253,286   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 553,530,385 |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 511,510,337 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25  |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | 1,381,696   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 1,381,696   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 510,128,641 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 195,095     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | 3,366,798   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 3,561,893   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 513,690,534 |

**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:** 43-1704371  
**Name:** FREEMAN HEALTH SYSTEM

**Supplemental Information**

| Return Reference           | Explanation   |
|----------------------------|---|
| SCHEDULE D, PART V, LINE 4 | ENDOWMENT FUNDS THIS ENDOWMENT IS USED FOR NURSING SCHOLARSHIPS |

| Supplemental Information   |  |
|----------------------------|--|
| Return Reference           | Explanation  |
| SCHEDULE D, PART X, LINE 2 | UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS |

# Supplemental Information

| Return Reference             | Explanation  |
|------------------------------|--|
| SCHEDULE D, PART XI, LINE 2D | OTHER REVENUE ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12 \$ ( 2,000,000) GRANTS PA<br>ID ( 195,095) INVESTMENT FEES 307,855 INVESTMENT IN PSC 947,911 NET ASSETS RELEASED FROM R<br>ESTRICTION ----- \$ ( 939,329) |

| Supplemental Information     |  |
|------------------------------|--|
| Return Reference             | Explanation  |
| SCHEDULE D, PART XI, LINE 4B | OTHER REVENUE ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1   \$ ( 319,432) COST OF GOODS SOLD ( 402,880) SPECIAL EVENTS ( 659,384) RENTAL EXPENSES 960,330 TEMPORARILY RESTRICTED CONTRIBUTIONS 1,674,652 NET PSC REVENUE ----- \$ 1,253,286 |

| Supplemental Information      |  |
|-------------------------------|--|
| Return Reference              | Explanation  |
| SCHEDULE D, PART XII, LINE 2D | OTHER EXPENSES ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1    OTHER EXPENSES ON LINE 1,<br>BUT NOT ON FORM 990, PART IX, LINE 25    \$ 659,384 RENTAL EXPENSES 319,432 COST OF GOODS SO<br>LD 402,880 SPECIAL EVENTS EXPENSE ----- \$ 1,381,696 |

| Supplemental Information      |  |
|-------------------------------|--|
| Return Reference              | Explanation  |
| SCHEDULE D, PART XII, LINE 4B | OTHER EXPENSES ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1    \$ 1,366,798 PSC EXPENSES<br>2,000,000 GRANTS PAID ----- \$ 3,366,798 |





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

| Revenue         |   | (a) Event #1                        | (b) Event #2                     | (c) Other events            | (d)  |
|-----------------|---|-------------------------------------|----------------------------------|-----------------------------|--|
|                 |   | <b>JEWELRY SALE</b><br>(event type) | <b>SHOE SALE</b><br>(event type) | <b>13</b><br>(total number) | Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .   | 107,397                             | 78,676                           | 397,697                     | 583,770  |
|                 | <b>2</b> Less Contributions . . . . .   |                                     |                                  | 121,486                     | 121,486  |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                          | 107,397                             | 78,676                           | 276,211                     | 462,284  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  |                                     |                                  | 1,500                       | 1,500  |
|                 | <b>5</b> Noncash prizes . . . . .   |                                     |                                  | 9,020                       | 9,020  |
|                 | <b>6</b> Rent/facility costs . . . . .  |                                     |                                  | 4,544                       | 4,544  |
|                 | <b>7</b> Food and beverages . . . . .   |                                     |                                  | 22,429                      | 22,429   |
|                 | <b>8</b> Entertainment . . . . .  |                                     |                                  | 15,000                      | 15,000   |
|                 | <b>9</b> Other direct expenses . . . . .  | 82,554                              | 63,017                           | 204,816                     | 350,387  |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                     |                                  |                             | 402,880  |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                     |                                  |                             | 59,404   |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

|   |  |            |   |            |   |
|---|--|------------|---|------------|---|
| <b>11</b> Does the organization conduct gaming activities with nonmembers?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |   |            |   |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |   |            |   |
| <b>13</b> Indicate the percentage of gaming activity conducted in   |  |            |   |            |   |
| <b>a</b> The organization's facility  | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table> | <b>13a</b> | % | <b>13b</b> | % |
| <b>13a</b>  | %  |            |   |            |   |
| <b>13b</b>  | %  |            |   |            |   |
| <b>b</b> An outside facility  |  |            |   |            |   |

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

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Return Reference

Explanation

|  |   |  |
|--|---|--|
| <b>SCHEDULE H</b><br><b>(Form 990)</b><br><br>Department of the Treasury<br>Internal Revenue Service | <h1 style="margin:0;">Hospitals</h1> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b><br/>                 ► <b>Attach to Form 990.</b><br/>                 ► <b>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</b></p> | OMB No 1545-0047<br><br><div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection |
| Name of the organization<br>FREEMAN HEALTH SYSTEM  |   | Employer identification number<br>43-1704371   |

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| Financial Assistance and Means-Tested Government Programs  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |   |                               | 16,125,607                          |                               | 16,125,607                        | 3 140 %                      |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               | 65,009,016                          | 48,996,047                    | 16,012,969                        | 3 120 %                      |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               |                                   |                              |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           |   |                               | 81,134,623                          | 48,996,047                    | 32,138,576                        | 6 260 %                      |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) |   |                               | 738,378                             | 306,329                       | 432,049                           | 0 080 %                      |
| <b>f</b> Health professions education (from Worksheet 5)   |   |                               | 3,551,452                           | 1,190,566                     | 2,360,886                         | 0 460 %                      |
| <b>g</b> Subsidized health services (from Worksheet 6)   |   |                               | 3,149,420                           | 1,293,719                     | 1,855,701                         | 0 360 %                      |
| <b>h</b> Research (from Worksheet 7)   |   |                               | 1,007,579                           |                               | 1,007,579                         | 0 200 %                      |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |   |                               | 394,959                             |                               | 394,959                           | 0 080 %                      |
| <b>j Total.</b> Other Benefits   |   |                               | 8,841,788                           | 2,790,614                     | 6,051,174                         | 1 180 %                      |
| <b>k Total.</b> Add lines 7d and 7j  |   |                               | 89,976,411                          | 51,786,661                    | 38,189,750                        | 7 440 %                      |

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

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| <b>2</b> Economic development                                      |   |                               | 55,000                               |                               | 55,000                             | 0.010 %                      |
| <b>3</b> Community support   |   |                               | 1,549,500                            |                               | 1,549,500                          | 0.300 %                      |
| <b>4</b> Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building  |   |                               |                                      |                               |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| <b>8</b> Workforce development                                     |   |                               | 56,863                               |                               | 56,863                             | 0.010 %                      |
| <b>9</b> Other   |   |                               | 18,445                               |                               | 18,445                             |                              |
| <b>10 Total</b>  |   |                               | 1,679,808                            |                               | 1,679,808                          | 0.320 %                      |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|  |          | Yes        | No |
|--|----------|------------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | <b>1</b> |            | No |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.   | <b>2</b> | 41,680,700 |    |
| <b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | <b>3</b> | 1,405,580  |    |
| <b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.   |          |            |    |

**Section B. Medicare**

|   |  |                                |
|---|--|--------------------------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).  | <b>5</b>   | 133,483,093                    |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.   | <b>6</b>   | 128,497,977                    |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).   | <b>7</b>   | 4,985,116                      |
| <b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. |  |                                |
| <input type="checkbox"/> Cost accounting system   | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

**Section C. Collection Practices**

|   |           |     |  |
|---|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year?   | <b>9a</b> | Yes |  |
| <b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI. | <b>9b</b> | Yes |  |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity            | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|-------------------------------|---|--|--|---|
| <b>1</b> HEARTLAND KIDNEYDIA  | DIALYSIS CENTER                               | 25 %   |  | 56.25 %                                       |
| <b>2</b> FREEMAN SURGICAL CEN | AMBULATORY SURGERY CENTER                     | 53.731 %   |  | 33.947 %                                      |
| <b>3</b> 32ND STREET SURGICAL | AMBULATORY SURGERY CENTER                     | 26 %   |  |   |
| <b>4</b>                      |   |  |  |   |
| <b>5</b>                      |   |  |  |   |
| <b>6</b>                      |   |  |  |   |
| <b>7</b>                      |   |  |  |   |
| <b>8</b>                      |   |  |  |   |
| <b>9</b>                      |   |  |  |   |
| <b>10</b>                     |   |  |  |   |
| <b>11</b>                     |   |  |  |   |
| <b>12</b>                     |   |  |  |   |
| <b>13</b>                     |   |  |  |   |

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
FREEMAN HEALTH SYSTEM**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

|   | Yes           | No |
|---|---------------|----|
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   | <b>1</b>      | No |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  | <b>2</b>      | No |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | <b>3</b> Yes  |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |               |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |               |    |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |               |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |               |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |               |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |               |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |               |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |               |    |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |               |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |               |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>   |               |    |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b> Yes  |    |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b> Yes |    |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  | <b>6b</b> Yes |    |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | <b>7</b> Yes  |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>  |               |    |
| <b>b</b> <input type="checkbox"/> Other website (list url) _____  |               |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |               |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |               |    |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | <b>8</b> Yes  |    |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>   |               |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .   | <b>10</b> Yes |    |
| <b>a</b> If "Yes" (list url) <u>SEE PART V, SECTION C</u>   |               |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b>    |    |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed   |               |    |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  | <b>12a</b>    | No |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b>    |    |
| <b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |               |    |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

FREEMAN HEALTH SYSTEM

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|   |           | Yes | No |
|---|-----------|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that  |           |     |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP  | <b>13</b> | Yes |    |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> %<br>and FPG family income limit for eligibility for discounted care of <u>250</u> %   |           |     |    |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C)  |           |     |    |
| c <input checked="" type="checkbox"/> Asset level   |           |     |    |
| d <input checked="" type="checkbox"/> Medical indigency   |           |     |    |
| e <input type="checkbox"/> Insurance status   |           |     |    |
| f <input type="checkbox"/> Underinsurance discount  |           |     |    |
| g <input checked="" type="checkbox"/> Residency   |           |     |    |
| h <input checked="" type="checkbox"/> Other (describe in Section C)   |           |     |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .  | <b>14</b> | Yes |    |
| <b>15</b> Explained the method for applying for financial assistance? . . . . .<br>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)   | <b>15</b> | Yes |    |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |           |     |    |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |           |     |    |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |           |     |    |
| d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |           |     |    |
| e <input type="checkbox"/> Other (describe in Section C)  |           |     |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  | <b>16</b> | Yes |    |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>SEE PART V, SECTION C</u>  |           |     |    |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>SEE PART V, SECTION C</u>   |           |     |    |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>SEE PART V, SECTION C</u>  |           |     |    |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |     |    |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |           |     |    |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |     |    |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |           |     |    |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |           |     |    |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations   |           |     |    |
| j <input type="checkbox"/> Other (describe in Section C)  |           |     |    |



**Part V Facility Information** (continued)**Billing and Collections**

FREEMAN HEALTH SYSTEM

**Name of hospital facility or letter of facility reporting group**

|   | Yes           | No |
|---|---------------|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .   | <b>17</b> Yes |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP   |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |               |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .   | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged   |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |               |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)  |               |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|  |               |  |
|--|---------------|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  | <b>21</b> Yes |  |
| If "No," indicate why  |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |               |  |

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FREEMAN HEALTH SYSTEM

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 35

| Name and address            | Type of Facility (describe) |
|-----------------------------|-----------------------------|
| 1 See Additional Data Table |                             |
| 2                           |                             |
| 3                           |                             |
| 4                           |                             |
| 5                           |                             |
| 6                           |                             |
| 7                           |                             |
| 8                           |                             |
| 9                           |                             |
| 10                          |                             |

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART I, LINE 3C | OTHER FACTORS IN DETERMINING ELIGIBILITY IN ADDITION TO FPG LIMITS, THE FAP ALSO USES ASSETS AND RESIDENCY TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE PRESUMPTIVE ELIGIBILITY MAY USE INDIVIDUAL LIFE CIRCUMSTANCES SUCH AS HOMELESSNESS, INCARCERATIONS, WIC PROGRAM ELIGIBILITY, AND/OR SNAP BENEFITS ELIGIBILITY |

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| SCHEDULE H, PART II     | COMMUNITY BUILDING ACTIVITIES THE ECONOMIC DEVELOPMENT EXPENSES NOTED IN PART II RELATES TO FREEMAN'S CONTRIBUTION TO THE JOPLIN REGIONAL PARTNERSHIP AND JOPLIN AREA CHAMBER OF COMMERCE WHICH SUPPORT THE ECONOMIC DEVELOPMENT EFFORTS IN THE JOPLIN AREA THE COMMUNITY SUPPORT EXPENSES NOTED IN PART II RELATE TO FREEMAN'S CONTRIBUTIONS TO THE JOPLIN HUMANE SOCIETY, JOPLIN FAMILY YMCA, CONNECT2CULTURE AND THE GEORGE A SPIVA CENTER FOR THE ARTS WHICH PROVIDE SUPPORT FOR THE JOPLIN COMMUNITY THE WORKFORCE DEVELOPMENT EXPENSES NOTED IN PART II RELATE TO FREEMAN'S CONTRIBUTIONS TO THE SCHOOL DISTRICT OF JOPLIN R-VIII FOUNDATION, THE CARL JUNCTION EDUCATION FOUNDATION AND THE MCDONALD COUNTY R-1 SCHOOL DISTRICT, WHICH ARE JOPLIN AREA SCHOOL DISTRICTS |



## 990 Schedule H, Supplemental Information

| Form and Line Reference                 | Explanation  |
|---|--|
| SCHEDULE H, PART III, SECTION A, LINE 2 | BAD DEBT EXPENSE THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 014-09 UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE HOSPITAL DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HOSPITAL'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED BAD DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2019 HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2 |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                    | Explanation  |
|--|--|
| SCHEDULE H, PART III, SECTION A,<br>LINE 3 | BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS DETERMINED USING INTERNAL PATIENT DEMOGRAPHICS, AS WELL AS CORE BASED STATISTICAL AREA AND POVERTY LIMIT DEMOGRAPHIC INFORMATION OBTAINED THROUGH THE US CENSUS BUREAU ACCORDING TO THE U S CENSUS BUREAU QUICK FACTS, THE ESTIMATED AVERAGE UNINSURED POPULATION FOR FREEMAN JOPLIN'S PRIMARY SERVICE AREA IS 13 65% AND THE AVERAGE UNINSURED POPULATION FOR FREEMAN NEOSHO'S PRIMARY SERVICE AREA IS 17 5% FREEMAN HOSPITAL-JOPLIN IDENTIFIED 6 9% OF ITS GROSS HOSPITAL REVENUE OR BILLINGS COMING FROM UNINSURED PATIENTS FREEMAN NEOSHO IDENTIFIED 12 8% OF ITS GROSS REVENUE COMING FROM UNINSURED PATIENTS IT'S POSSIBLE THAT SOME PATIENTS PRESENTED OUTDATED INSURANCE COVERAGE AT TIME OF ADMISSION, OR FREEMAN ADMISSIONS MAY HAVE INCORRECTLY IDENTIFIED SOME UNINSURED PATIENTS AS INSURED OR MEDICAID ELIGIBLE DURING THE ADMITTING PROCESS |

# 990 Schedule H, Supplemental Information

| Form and Line Reference                    | Explanation  |
|--|--|
| SCHEDULE H, PART III, SECTION A,<br>LINE 4 | BAD DEBT EXPENSE FOOTNOTE THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES PATIENT ACCOUNTS RECEIVABLE, THAT NOTE CAN BE FOUND ON PAGE 11 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS |

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 2 | <p>NEEDS ASSESSMENT IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBED IN PART V , SECTION B, FREEMAN REVIEWS STUDIES AND ASSESSMENTS FROM JOPLIN HEALTH DEPARTMENT AND OTHER LOCAL GOVERNMENTAL AGENCIES TO ASSESS COMMUNITY NEEDS, INCORPORATING THIS INFORMATION INTO THE FREEMAN STRATEGIC PLAN AND MONITORING THE EDUCATIONAL AND OUTREACH PROGRAMS PROVIDED IN THE COMMUNITY TO OBTAIN A FRESH LOOK AT THE HEALTH NEEDS OF THE COMMUNITY, FREEMAN HEALTH SYSTEM CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS THE SURVEY SEEKS COMMUNITY INPUT ON HEALTH NEEDS, ACCESS TO HEALTHCARE, AND WHAT PEOPLE THINK IS IMPORTANT ABOUT HEALTHCARE THE FEEDBACK PROVIDES A BETTER UNDERSTANDING OF THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF THE POPULATIONS SERVED BY FREEMAN HEALTH SYSTEM FOR THE SURVEY, FREEMAN COLLABORATES WITH HEALTH DEPARTMENTS AND OTHER HOSPITALS IN 28 COUNTIES UNDER THE AUTHORITY OF THE OZARKS HEALTH COMMISSION [FREEMAN HEALTH SYSTEM IS A FOUNDING STAKEHOLDER IN THE OZARKS HEALTH COMMISSION (OHC), FORMED IN 2015 ] OHC PARTNERS HAVE A VISION OF USING A SYSTEMATIC, DATA-DRIVEN PROCESS TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS ON A REGIONAL LEVEL FOLLOWING THE SURVEY, FREEMAN DEVELOPS A PLAN TO ADDRESS THE NEEDS FOUND IN THE SURVEY OHC CONDUCTED A NEW SURVEY IN 2018, AND FREEMAN RELEASED A PLAN TO ADDRESS NEEDS FOUND IN THE SURVEY IN EARLY 2019 AS A RESULT, FREEMAN HEALTH SYSTEM HAS ADOPTED A JOINT IMPLEMENTATION STRATEGY THAT INCLUDES FREEMAN HOSPITAL WEST, FREEMAN HOSPITAL EAST, FREEMAN NEOSHO HOSPITAL, AND OZARK CENTER AT THE ORGANIZATIONAL LEVEL, FREEMAN HEALTH SYSTEM PRIORITIZED HEALTH NEEDS FOR ITS COMMUNITY HEALTH IMPLEMENTATION PLAN FOR THE PERIOD 1/1/2019 THROUGH 12/31/2021 THESE PRIORITIZED NEEDS ARE CANCER, DIABETES, HEART DISEASE, LUNG DISEASE, MENTAL HEALTH, AND HEALTHCARE WORKFORCE FOR CANCER, THE OBJECTIVE IS TO REDUCE THE LONG-TERM INCIDENCE OF CANCER BY USING ONGOING PREVENTION, DETECTION, AND TREATMENT STRATEGIES FOR DIABETES, THE OBJECTIVE IS TO DECREASE THE LONG-TERM INCIDENCE OF DIABETES USING ONGOING PREVENTION, DETECTION, AND TREATMENT STRATEGIES FOR HEART DISEASE, THE OBJECTIVE IS TO REDUCE THE LONG-TERM PREVALENCE OF HEART DISEASE BY INCREASING AWARENESS OF PREVENTION AND RISK FACTORS FOR LUNG DISEASE THE OBJECTIVE IS TO REDUCE THE LONG-TERM INCIDENCE OF LUNG DISEASE BY INCREASING AWARENESS OF PREVENTION AND RISK FACTORS FOR MENTAL HEALTH, THE OBJECTIVE IS TO COORDINATE PATIENT CARE TO INCLUDE BOTH BEHAVIORAL AND MEDICAL HEALTH, AND FOR HEALTHCARE WORKFORCE, THE OBJECTIVE IS TO INCREASE ACCESS TO HEALTH SERVICES BY ENHANCING HEALTH PROFESSIONAL EDUCATION, RECRUITMENT, AND RETENTION EFFORTS EACH OF THE PRIORITIZED HEALTH NEEDS REPRESENTS A COMPLEX HEALTH CONDITION THAT REQUIRES MULTI-STAKEHOLDER COLLABORATION FREEMAN HEALTH SYSTEM IS COMMITTED TO WORKING IN COLLABORATION WITH STAKEHOLDERS AT THE LOCAL, REGIONAL, AND STATE LEVELS INTENTIONAL COLLABORATION INCLUDES PARTICIPATION AND LEADERSHIP IN COALITIONS, INCLUDING JASPER-NEWTON COUNTY HEALTH COLLABORATIVE, REPRESENTING HEALTH CARE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS PROVIDING HEALTH AND SOCIAL SERVICES, MCDONALD COUNTY HEALTH COALITION , A COUNTY-WIDE COALITION OF COMMUNITY-BASED ORGANIZATIONS PROVIDING HEALTH AND SOCIAL SERVICES, MISSOURI COUNCIL FOR ACTIVITY AND NUTRITION (MOCAN), A STATE-WIDE STAKEHOLDER NETWORK FOR HEALTHY EATING AND ACTIVE LIVING, UNIVERSITIES WITH NURSING, MEDICAL, AND HEALTH PROFESSIONAL PROGRAMS, INCLUDING MISSOURI SOUTHERN STATE UNIVERSITY (MO), PITTSBURG STATE UNIVERSITY (KS), NORTHEASTERN OKLAHOMA A&amp;M COLLEGE (OK), CROWDER COLLEGE (MO) AND KANSAS CITY UNIVERSITY MEDICAL SCHOOL (MO), AND OZARKS HEALTH COMMISSION (OHC), A COLLABORATIVE OF HEALTH SYSTEMS AND PUBLIC HEALTH AGENCIES USING DATA-DRIVEN APPROACHES TO PRODUCE HIGH QUALITY COMMUNITY HEALTH NEEDS ASSESSMENTS AND ALIGN PRIORITIES AMONG COMMUNITY-BASED ORGANIZATIONS TO PROMOTE GOOD HEALTH TO FURTHER DETERMINE WHAT PATIENTS THINK OF THE SERVICE THEY RECEIVE, FREEMAN WORKS WITH PRESS GANEY, AN INDEPENDENT COMPANY THAT SURVEYS PATIENTS AT HOME AFTER THEIR DISCHARGE FROM THE HOSPITAL AND ASKS THEM TO RATE FREEMAN IN A VARIETY OF AREAS RESULTS FROM THESE SURVEYS ARE REFLECTED IN HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) SCORES THAT THE FEDERAL GOVERNMENT USES TO EVALUATE FREEMAN SERVICES FREEMAN USES INFORMATION OBTAINED IN THE HCAHPS SURVEYS TO EVALUATE TRENDS IN PATIENT CARE AND ADDRESS ANY ISSUES DISCOVERED ADDITIONALLY, FREEMAN SUBSCRIBES TO AND MANAGES A NUMBER OF DATABASE SERVICES TO ANALYZE CONSUMER USE OF FREEMAN PRODUCTS AND SERVICES AND FORMULATE PLANS TO STAY AHEAD OF PATIENT NEEDS, AND FREEMAN PARTNERS WITH THE MISSOURI HOSPITAL ASSOCIATION FOR DATA ASSESSMENT DEMOGRAPHIC INFORMATION, TREND ANALYSIS, AND EDUCATION FREEMAN SENIOR LEADERS ROUTINELY MAKE APPEARANCES AT COMMUNITY FUNCTIONS, SUCH AS ROTARY INTERNATIONAL AND KIWANIS MEETINGS</p> |

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 2 | THEY INFORM CONSTITUENTS ABOUT HAPPENINGS IN THE HEALTH SYSTEM AND SEEK INPUT FROM AUDIENCE MEMBERS TO SERVE THE COMMUNITY AND SEEK OUT INFORMATION REGARDING CONSUMER TRENDS AND OPINIONS, FREEMAN SENIOR LEADERS AND EXECUTIVE STAFF SERVE ON A VARIETY OF BOARDS, COUNCILS, AND COMMITTEES WHILE PROVIDING LEADERSHIP AND SUPPORT TO THESE ORGANIZATIONS, FREEMAN LEADERS MAKE CONTACT WITH MANY OTHER COMMUNITY LEADERS TO CHECK THE PULSE OF THE COMMUNITY IN TERMS OF HEALTHCARE NEEDS AND OPINION |

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| SCHEDULE H, PART VI, LINE 3 | <p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE FREEMAN HAS STEPPED UP EFFORTS TO COMMUNICATE INFORMATION ABOUT FINANCIAL ASSISTANCE, OR CHARITY CARE, OPTIONS AVAILABLE TO PATIENTS IN MANY WAYS FREEMAN PUBLISHES COMMUNICATION PIECES ON FINANCIAL SERVICES, INCLUDING POSTERS AND FLYERS AT ADMITTING DESKS FREEMAN ALSO INCLUDES MESSAGING ABOUT ITS FINANCIAL ASSISTANCE PROGRAM ON BILLS, STATEMENTS, AND ENVELOPES SENT TO PATIENTS' HOMES AND ON SIGNS POSTED AROUND FREEMAN PATIENT ACCOUNTS AND ADMISSIONS PUBLIC AREAS FREEMAN HAS ALSO PLACED FINANCIAL ASSISTANCE INFORMATION, INCLUDING A FINANCIAL ASSISTANCE APPLICATION IN ENGLISH AND SPANISH, ON THE FREEMAN WEBSITE ADDITIONALLY, FREEMAN HAS IMPLEMENTED SEVERAL EDUCATIONAL OPPORTUNITIES TO ENSURE THE COMMUNITY IS AWARE OF FREEMANS FINANCIAL ASSISTANCE PROGRAM THESE INCLUDE - FREEMAN ADMISSIONS STAFF MEMBERS PERSONALLY INTERVIEW PATIENTS, BASED ON THE SETTING OF CARE (PRIOR TO SERVICES, AT TIME OF SERVICE, AND AFTER CARE PROVIDED), TO PROVIDE EDUCATION ON AVAILABLE BENEFITS FREEMAN HELPS UNINSURED AND UNDERINSURED PATIENTS WITH STATE AND FEDERAL ASSISTANCE RESOURCES, AS WELL AS THE FREEMAN FINANCIAL ASSISTANCE PROGRAM - FREEMAN CONTINUALLY PROVIDES EDUCATION TO EMPLOYEES, FROM CLINICAL STAFF TO VOLUNTEERS, REGARDING ITS FINANCIAL ASSISTANCE POLICY SO THEY CAN HELP CUSTOMERS LEARN ABOUT AVAILABLE RESOURCES - IN FY2019, FREEMAN IMPLEMENTED A PROGRAM CALLED ELIGIBILITY PARTNERS TO HELP PATIENTS EXPLORE RESOURCES FOR FINANCIAL ASSISTANCE AND AFFORDABLE MEDICAL COVERAGE PAYING FOR MEDICAL CARE CAN BE STRESSFUL, AND FREEMANS TEAM OF ELIGIBILITY SPECIALISTS HELPS PATIENTS FIND AFFORDABLE COVERAGE AND FIND RELIEF FROM THE BURDEN OF NOT KNOWING WHERE TO TURN FOR HELP ADDITIONALLY, ELIGIBILITY SPECIALISTS ADVOCATE ON BEHALF OF PATIENTS TO SEEK OUT OPPORTUNITIES FOR MEDICAL FINANCIAL COVERAGE, AND THEY SUPPORT THE COMMUNITY THROUGH EDUCATION, RESOURCES, AND ELIGIBILITY ASSISTANCE - FREEMAN WORKS WITH MANY OF OUR COMMUNITY'S EMPLOYERS, SENDING WRITTEN NOTICES TO THEIR BENEFITS DEPARTMENTS EXPLAINING THE FREEMAN FINANCIAL ASSISTANCE ELIGIBILITY PROCESS FREEMAN ALSO MEETS WITH EMPLOYERS TO ENSURE THEIR EMPLOYEES UNDERSTAND THE AVAILABILITY OF ASSISTANCE OFFERED THROUGH FREEMAN - IN RESPONSE TO EDUCATION OFFERED ABOUT THE FREEMAN FINANCIAL ASSISTANCE PROGRAM, THE HEALTH SYSTEM RECEIVES REFERRALS FROM PHYSICIANS AND COMMUNITY CLINICS THIS HELPS PATIENTS ARRANGE FOR MEDICALLY NECESSARY HEALTHCARE PRIOR TO THE TIME SERVICES ARE RENDERED FREEMAN HEALTH SYSTEM STRONGLY BELIEVES THAT ITS FINANCIAL ASSISTANCE, OR CHARITY CARE, AND THE RELATED COMMUNITY BENEFIT PROVIDED BY SUCH CARE, IS UNDERSTATED ON ITS FINANCIAL STATEMENTS BECAUSE SOME PATIENTS THAT POTENTIALLY QUALIFY FOR FINANCIAL ASSISTANCE DO NOT WISH TO APPLY FOR IT IN ADDITION, SOME PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE DO NOT RECEIVE FINANCIAL ASSISTANCE BECAUSE THEY REFUSE TO PROVIDE REQUIRED DOCUMENTATION TO PROCESS THE APPLICATION THUS, FREEMAN'S BAD DEBT INCLUDES A PORTION THAT COULD BE CLASSIFIED AS FINANCIAL ASSISTANCE IF THE APPLICATION FOR FINANCIAL ASSISTANCE HAD BEEN PROPERLY COMPLETED BY THE PATIENT</p> |



**990 Schedule H, Supplemental Information**

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

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 5 | <p>PROMOTION OF COMMUNITY HEALTH LOCALLY OWNED AND NOT-FOR-PROFIT, FREEMAN HEALTH SYSTEM IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS COMPOSED OF INDIVIDUALS WHO LIVE IN THE COMMUNITIES SERVED BY FREEMAN ALL DECISIONS ABOUT WHAT HAPPENS AT FREEMAN ARE MADE LOCALLY, MEMBERS OF THE FREEMAN BOARD OF DIRECTORS RELY ON FREEMAN HEALTH SYSTEM FOR THEIR OWN HEALTHCARE AND THE HEALTHCARE OF THEIR LOVED ONES FREEMAN CONTINUES TO PLAY AN INTEGRAL ROLE IN TRAINING TOMORROWS DOCTORS TODAY AT THE KANSAS CITY UNIVERSITY (KCU) MEDICAL SCHOOL IN JOPLIN, WHICH OPENED IN SUMMER 2017 KANSAS CITY UNIVERSITY-JOPLIN HAS OPENLY ACKNOWLEDGED FREEMAN AS ITS PRIMARY PARTNER AND CONSIDERS FREEMAN HEALTH SYSTEM TO BE ITS ACADEMIC CENTER IN JOPLIN EACH YEAR, KCU ASKS FREEMAN TO ACCOMMODATE AN INCREASED NUMBER OF MEDICAL STUDENTS THROUGH CLINICAL ROTATIONS, AND FREEMAN OBLIGES ADDITIONALLY, FREEMAN GRADUATE MEDICAL EDUCATION IS DEVELOPING A FAMILY MEDICINE RESIDENCY PROGRAM THAT WILL LAUNCH IN A YEAR OR TWO FREEMAN CURRENTLY OFFERS RESIDENCY PROGRAMS IN INTERNAL MEDICINE, EMERGENCY MEDICINE, OTOLARYNGOLOGY, AND PSYCHIATRY THE PHYSICIAN-TRAINING PROGRAM IN PLACE AT FREEMAN DATES BACK MORE THAN 40 YEARS ONE OF THE GREAT BENEFITS OF HAVING A MEDICAL SCHOOL IN JOPLIN IS THAT IT BRINGS NEW DOCTORS INTO THE COMMUNITY - MANY OF THE PHYSICIANS WHO TRAIN IN JOPLIN WILL DECIDE TO MAKE JOPLIN THEIR HOME AND OPEN THEIR MEDICAL PRACTICES IN THE FOUR-STATE AREA DEMONSTRATING CONTINUED COMMITMENT TO MEDICAL EDUCATION AND WHOLE-HEARTED SUPPORT FOR THE NEW MEDICAL SCHOOL, FREEMAN MADE A \$4.8 MILLION GIFT FOR THE DEVELOPMENT OF THE KCU SATELLITE CAMPUS AND CONTINUES TO PROVIDE, AT ITS OWN EXPENSE, RESIDENCY, AND TRAINING OPPORTUNITIES FOR KCU STUDENTS AT A COST OF \$85,000 PER SLOT THIS MEDICAL SCHOOL IS THE BEST MEDICINE POSSIBLE TO ADDRESS THE LOOMING SHORTAGE OF DOCTORS, AND FREEMAN PLAYS A KEY ROLE THE MEDICAL SCHOOLS SUCCESS TO HELP STIMULATE INTEREST IN HEALTH CAREERS AND BRING HEALTHCARE PROFESSIONALS TO AN UNDERSERVED AREA, FREEMAN REACHES OUT TO HIGH SCHOOL AND COLLEGE STUDENTS THROUGH A SUMMER VOLUNTEER PROGRAM, STUDENTS SPEND SEVERAL WEEKS AT THE HOSPITAL, WORKING SIDE-BY-SIDE WITH NURSES AND DOCTORS THIS PROGRAM HELPS STUDENTS GAIN A BETTER UNDERSTANDING OF WHAT IT IS LIKE TO WORK IN HEALTHCARE STUDENTS HAVE THE OPPORTUNITY TO VOLUNTEER IN A NURSING UNIT, SHADOW STAFF, STOCK STOREROOMS, ANSWER CALL LIGHTS, VISIT WITH PATIENTS, AND MORE PARTICIPATING STUDENTS CAN EARN A \$500 SCHOLARSHIP TO THE COLLEGE OF THEIR CHOICE ONLY 32 STUDENTS ARE ACCEPTED INTO THIS AWARD-WINNING PROGRAM EACH YEAR THIS PROGRAM EARNED THE AWARD FOR EXCELLENCE FROM THE MIDWEST ASSOCIATION FOR HEALTHCARE VOLUNTEER RESOURCE PROFESSIONALS IN 2015 FREEMAN HEALTH SYSTEM HAS DEVELOPED SCHOOL-BASED MEDICINE PROGRAMS IN A NUMBER OF SOUTHWEST MISSOURI SCHOOL DISTRICTS TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES THESE PROGRAMS REDUCE STUDENT AND FACULTY ABSENTEEISM, AND ENABLE PARENTS TO AVOID MISSING WORK TO TAKE CHILDREN TO UNSCHEDULED MEDICAL APPOINTMENTS FREEMAN COLLABORATES WITH THE NEOSHO, SENECA, MCDONALD COUNTY AND CARL JUNCTION SCHOOL DISTRICTS TO PROVIDE SCHOOL-BASED CLINICS FREEMAN HEALTH SYSTEM WORKS TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH A VARIETY OF COMMUNITY SERVICE PROGRAMS BOTH INSIDE AND OUTSIDE THE ORGANIZATION AS A SYSTEM, FREEMAN PARTICIPATES IN THE JOPLIN AREA CHAMBER OF COMMERCE AS A MAJOR SPONSOR, WITH STAFF MEMBERS SERVING ON A VARIETY OF COMMITTEES AND PARTICIPATING IN LEADERSHIP JOPLIN AND THE YOUNG PROFESSIONALS NETWORK UNITED WAY OF SOUTHWEST MISSOURI AND SOUTHEAST KANSAS COUNTS ON FREEMAN TO HELP SET THE TONE FOR GIVING IN THE COMMUNITY FREEMAN PROVIDES FINANCIAL SUPPORT FOR A MANY COMMUNITY SERVICE GROUPS, INCLUDING THE ALZHEIMERS ASSOCIATION, AMERICAN CANCER SOCIETY, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION, CHILDREN'S CENTER OF SOUTHWEST MISSOURI, COMMUNITY BLOOD CENTER OF THE OZARKS, COMMUNITY CLINIC OF JOPLIN, FREEMAN SOUTHWEST FAMILY YMCA IN NEOSHO, JOPLIN FAMILY YMCA, GEORGE A SPIVA CENTER FOR THE ARTS, MARCH OF DIMES, NATIONAL MULTIPLE SCLEROSIS SOCIETY, RONALD MCDONALD HOUSE CHARITIES OF THE FOUR STATES, AND MANY OTHER LOCAL, REGIONAL, AND NATIONAL ORGANIZATIONS SETTING AN EXAMPLE FOR THEIR STAFFS, FREEMAN SENIOR LEADERS SERVE IN VOLUNTARY LEADERSHIP POSITIONS FOR ORGANIZATIONS SUCH AS THE TASK FORCE FOR EXAMINING STATEWIDE MEDICAID DELIVERY MODELS, AMERICAN HOSPITAL ASSOCIATION REGIONAL POLICY BOARD, THE MISSOURI COMMISSION ON AUTISM SPECTRUM DISORDERS, PITTSBURG STATE UNIVERSITY FOUNDATION BOARD OF TRUSTEES, RONALD MCDONALD HOUSE CHARITIES OF THE FOUR STATES, ARVEST BANK, CONNECT-2-CULTURE, JOPLIN REGIONAL PROSPERITY INITIATIVE ADVISORY COUNCIL, MISSOURI HOSPITAL ASSOCIATION, HEALTHCARE SERVICES GROUP, VIZIENT MID-AMERICA AND MID-AMERICA SERVICE SOLUTIONS, JOPLIN METRO EMERGENCY TRANSPORTATION SYSTEM, GEORGE A SPIVA CENTER FOR THE ARTS, UNITED WAY OF SOUTHWEST MISSOURI &amp; SOUTHEAST KANSAS</p> |

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 5 | <p>S, JOPLIN HUMANE SOCIETY, AND LAFAYETTE HOUSE FREEMAN PARTNERS WITH JOPLIN PUBLIC SCHOOLS , NEOSHO PUBLIC SCHOOLS, AND CARL JUNCTION PUBLIC SCHOOLS THROUGH BRIGHT FUTURES, A GRASS ROOTS, COMMUNITY-BASED PROGRAM THAT ENCOURAGES GRADUATION AND HELPS STUDENTS SUCCEED FREE MAN EMPLOYEES VOLUNTEER AS MENTORS AND HELP WITH POSITIVE ADULTS LUNCHING WITH STUDENTS, A PROGRAM THAT PAIRS A CARING ADULT WITH AN ELEMENTARY STUDENT WHO NEEDS A POSITIVE ROLE MO DEL FREEMAN SUPPORTS ACTIVITIES AND EVENTS AT ITS PARTNER SCHOOLS JOPLIN HIGH SCHOOL, JO PLIN SOUTH MIDDLE SCHOOL, JOPLIN WEST CENTRAL ELEMENTARY SCHOOL, JOPLIN EARLY CHILDHOOD CE NTER, AND CARL JUNCTION HIGH SCHOOL THIS SUPPORT INCLUDES PROVIDING AN ANNUAL TEACHER APP RECIATION BREAKFAST, HELPING WITH ANNUAL CARNIVALS, FOOTBALL CONCESSIONS, AND MORE IN DIA MOND, FREEMAN PARTICIPATED IN THE MOVING MOUNTAINS PROGRAM, WHICH IS SIMILAR TO BRIGHT FUT URES FREEMAN SERVES MORE THAN 1 MILLION MEALS EACH YEAR AND RECOGNIZES THE IMPORTANCE OF PROVIDING WHOLESOME FOODS TO THE COMMUNITY ESTABLISHING ITS COMMITMENT TO SERVING LOCAL, NUTRITIOUS, AND SUSTAINABLE FOOD, FREEMAN BECAME THE FIRST HOSPITAL IN MISSOURI TO SIGN TH E HEALTHY FOOD IN HEALTHCARE PLEDGE THE PLEDGE, PART OF THE NATIONAL HEALTHY FOOD IN HEAL THCARE INITIATIVE DEVELOPED BY THE INSTITUTE FOR AGRICULTURE AND TRADE POLICY AND HEALTH CARE WITHOUT HARM, WAS FREEMAN'S FIRST STEP TOWARD IMPROVING COMMUNITY HEALTH THROUGH FOOD POLICY CHANGE SINCE SIGNING THE PLEDGE IN 2010, FREEMAN HAS PROMOTED THE AVAILABILITY OF NUTRITIOUS FOODS TO PATIENTS, EMPLOYEES, AND VISITORS FREEMAN RE-SIGNED THE PLEDGE IN APR IL 2012, REAFFIRMING ITS COMMITMENT TO PROVIDING ALTERNATIVES FOR HEALTHY EATING FREEMAN OPERATES A FARMERS MARKET DURING THE SUMMER AND EARLY FALL AT FREEMAN HOSPITAL WEST THIS MARKET PROVIDES THE COMMUNITY WITH OPPORTUNITIES TO BUY FRESH, NUTRITIOUS FRUITS, VEGETABL ES, AND OTHER LOCALLY PRODUCED FOODS FREEMAN HELPS WITH COMMUNITY-BUILDING BY OFFERING SO LUTIONS TO HELP MEET THE NEEDS OF SPECIFIC POPULATIONS, SUCH AS CHILDREN WITH AUTISM, CHIL DREN WITH MEDICAL EXPENSES, CHILDREN WHO HAVE EXPERIENCED EMOTIONAL TRAUMA, AND SENIOR CIT IZENS BILL &amp; VIRGINIA LEFFEN CENTER FOR AUTISM, FOR INSTANCE, PROVIDES HOPE FOR CHILDREN WITH AUTISM THROUGH A PRESCHOOL PROGRAM, A SPECIAL EDUCATION CENTER, AND AN AUTISM DIAGNOS TIC TEAM AS A CHILDREN'S MIRACLE NETWORK HOSPITAL, FREEMAN RAISES MONEY TO HELP SICK AND INJURED CHILDREN WITH MEDICAL EXPENSES AFTER THE MAY 2011 TORNADO, THE COMMUNITY SAW A RI SE IN CASES OF CHILD TRAUMA TO ADDRESS THIS NEED, FREEMAN AND OZARK CENTER OPENED WILL'S PLACE, A HEALING CENTER FOR KIDS, TO PROVIDE THE COMMUNITY WITH A MUCH-NEEDED CHILD TRAUMA TREATMENT CENTER FREEMAN COORDINATES A COMPLEX CARE PROGRAM THROUGH FREEMAN CENTER FOR G ERIATRIC MEDICINE TO HELP PATIENTS MANAGE COMPLEX, CHRONIC ILLNESSES AND CONDITIONS THIS FOUR-YEAR PROJECT FOCUSES ON INDIVIDUALS WITH COMPLEX MEDICAL AND SOCIAL HEALTH FOR THE F IRST TWO YEARS THE PROGRAM IS FOCUSING ON ENGAGING PATIENTS WITHOUT PCPS WHO VISITED THE F REEMAN ED 6 OR MORE TIMES PER YEAR A LCSW AND COMMUNITY HEALTH NAVIGATOR PROVIDE THERAPY AND SOCIAL/BEHAVIORAL RESOURCES AND SUPPORT FOR COMPLEX PATIENTS TO FURTHER PROMOTE THE H EALTH OF THE AREA'S GERIATRIC POPULATION, FREEMAN ADVANTAGE OFFERS OPPORTUNITIES FOR LEARN ING, TRAVEL, SOCIALIZING, AND HEALTHY LIVING ADDITIONALLY, MEN AND WOMEN OF ALL AGES AND FROM ALL WALKS OF LIFE PARTICIPATE IN FREEMAN AUXILIARY, AN ORGANIZATION THAT RAISES MONEY FOR HOSPITAL EQUIPMENT, SERVICES, SCHOLARSHIPS, AND COMMUNITY NEEDS FREEMAN DEVELOPMENT OFFICE WORKS WITH THE COMMUNITY TO FIND FUNDING FOR INNOVATIVE, LIFESAVING TECHNOLOGIES, A ND MEDICAL SERVICES ONE OF ITS NEWEST PROGRAMS IS THE MIRACLE SERVICE DOG PROGRAM, PROVID ED IN CONJUNCTION WITH CHILDRENS MIRACLE NETWORK HOSPITALS AT FREEMAN HEALTH SYSTEM THIS PROGRAM PLACES SERVICE DOGS WITH CHILDREN WITH SPECIAL MEDICAL NEEDS SERVICE DOGS ARE INDIVIDUALLY TRAINED TO MEET THE SPECIFIC N</p> |

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation   |
|-----------------------------|---|
| SCHEDULE H, PART VI, LINE 7 | <p>STATE FILING OF COMMUNITY BENEFIT REPORT FREEMAN HEALTH SYSTEM IS INCORPORATED IN THE STATE OF MISSOURI AND FILES A COMMUNITY BENEFIT REPORT IN MISSOURI OTHER INFORMATION FREEMAN PROMOTES THE HEALTH OF THE COMMUNITY THROUGH MANY OUTREACH PROGRAMS THESE INCLUDE SUPPORT GROUPS FOR A VARIETY OF ILLNESSES AND CONDITIONS, OZARK CENTER FOR AUTISM, PROGRAMS FOR SENIOR CITIZENS, COMMUNITY HEALTH SCREENINGS, THE ELIGIBILITY PARTNERS PROGRAM TO HELP PATIENTS AND THEIR FAMILIES EXPLORE RESOURCES FOR FINANCIAL ASSISTANCE AND AFFORDABLE MEDICAL COVERAGE, AND OTHERS FREEMAN SCREEN TEAM TRAVELS THROUGHOUT THE COMMUNITY, OFFERING LOW-COST HEALTH SCREENINGS TO HELP PEOPLE GET A HANDLE ON THEIR MEDICAL CONDITIONS AND SEEK HELP BEFORE SMALL PROBLEMS BECOME MEDICAL EMERGENCIES FREEMAN SUPPORT GROUPS OFFER SUPPORT TO PARTICIPANTS AND EDUCATION ON TOPICS SUCH AS AUTISM, DIABETES, BARIATRIC WEIGHT LOSS, CANCER RECOVERY, BREAST CANCER RECOVERY, SLEEP DISORDERS, AND ALZHEIMERS DISEASE FREEMAN ALSO PROVIDES AUTISM SERVICES TO THE COMMUNITY PRIOR TO THE OPENING OF OZARK CENTER FOR AUTISM IN FALL 2007, FAMILIES SEEKING TREATMENT FOR CHILDREN WITH AUTISM HAD TWO CHOICES-RELOCATE TO RECEIVE TREATMENT OR GO WITHOUT IT DEVELOPED IN CONSULTATION WITH THE CLEVELAND CLINIC AUTISM CONSULTING GROUP, BILL &amp; VIRGINIA LEFFEN CENTER FOR AUTISM IS ONE OF ONLY A FEW TREATMENT CENTERS OF ITS CALIBER OZARK CENTER FOR AUTISM INCLUDES A SPECIAL EDUCATION CENTER, PROVIDING THERAPY SERVICES TO STUDENTS FROM KINDERGARTEN THROUGH HIGH SCHOOL OZARK CENTER FOR AUTISM ALSO OFFERS THE AREA'S ONLY AUTISM DIAGNOSTIC TEAM, PROVIDING PARENTS OF CHILDREN ON THE AUTISM SPECTRUM THE OPPORTUNITY TO RECEIVE AN AUTISM DIAGNOSIS WITHOUT HAVING TO TRAVEL HUNDREDS OF MILES AWAY FROM HOME FREEMAN STAFF MEMBERS, SUCH AS DOCTORS AND NURSES, HELP THE COMMUNITY BY WORKING AT THE COMMUNITY CLINIC OF JOPLIN AND ACCESS FAMILY CARE, ORGANIZATIONS THAT PROVIDE FREE OR LOW-COST HEALTHCARE SERVICES TO INDIGENT PORTIONS OF THE COMMUNITY DEPENDING ON THE SITUATION, FREEMAN STAFF MEMBERS VOLUNTEER OR FREEMAN PAYS THEM TO WORK FOR THE COMMUNITY THROUGH THESE ORGANIZATIONS</p> |

# Additional Data

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

## Form 990 Schedule H, Part V Section A. Hospital Facilities

| Section A. Hospital Facilities  |   | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|---|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><u>1</u> |   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| Name, address, primary website address, and state license number  |   |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 1   | FREEMAN HEALTH SYSTEM<br>1102 W 32ND ST<br>JOPLIN, MO 64804<br>WWW.FREEMANHEALTH.COM/<br>418-21 | X                 | X                          |                     | X                 |                          |                   | X           |          |                  |                          |

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference       | Explanation  |
|-------------------------------|--|
| SCHEDULE H, PART V, SECTION A | HOSPITAL FACILITIES PURSUANT TO REG 1 501(R)-1(B)(17), FREEMAN HEALTH SYSTEM CONSISTS OF TWO HOSPITALS OPERATED UNDER A SINGLE LICENSE ISSUED BY THE STATE OF MISSOURI AS SUCH, A SINGLE HOSPITAL FACILITY IS BEING REPORTED THE SECOND LOCATION IS KNOWN AS FREEMAN HEALTH SYSTEM EAST AND IS LOCATED AT 932 EAST 34TH STREET, JOPLIN, MO 64804 |

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference               | Explanation   |
|---------------------------------------|---|
| SCHEDULE H, PART V, SECTION B, LINE 5 | COMMUNITY INPUT IN ORDER TO ENGAGE COMMUNITY RESIDENTS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, OHC PARTNERS AGREED IN MAY 2018 TO ADMINISTER A SURVEY ACROSS THE ENTIRE REGION A SUBCOMMITTEE DRAFTED THE SURVEY, WHICH THE STEERING COMMITTEE REVIEWED TO AID IN A BETTER UNDERSTANDING OF THE INTENT OF THE QUESTIONS FOR EXAMPLE, IT WAS IMPORTANT TO GAIN FEEDBACK ON ASSESSED HEALTH ISSUES SO, RESPONDENTS WERE ASKED TO RATE THE IMPORTANCE, ON A SCALE OF ONE TO FOUR, THE FOLLOWING HEALTH ISSUES ADDRESSED IN EACH COMMUNITY ORAL HEALTH, LUNG DISEASE, MENTAL ILLNESS, CANCER, SMOKING, MATERNAL AND CHILD HEALTH, AND FINALLY THE OPIOID EPIDEMIC THE DATA RECEIVED FROM THAT QUESTIONNAIRES WAS USED IN THE PRIORITIZATION PROCESS BETWEEN JUNE AND AUGUST 2018, SURVEY MONKEY WAS USED TO COLLECT AND COMPILE THE MAJORITY OF THE SURVEY DATA, AND PAPER SURVEYS WERE MADE AVAILABLE TO THOSE WHO FACED ELECTRONIC BARRIERS TO COMPLETING IT ONLINE THE SURVEY HAD A TOTAL OF 2,525 RESPONSES |



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| <b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>   |   |
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |   |
| Form and Line Reference  | Explanation   |
| SCHEDULE H, PART V, SECTION B, LINE 6A   | CHNA CONDUCTED WITH OTHER HOSPITAL FACILITIES IN ADDITION TO FREEMAN NEOSHO HOSPITAL, A RELATED ORGANIZATION, THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED ALONG WITH COXHEALTH AND MERCY HEALTH |

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| <b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>   |  |
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |  |
| Form and Line Reference  | Explanation  |
| SCHEDULE H, PART V, SECTION B, LINE 6B   | CHNA CONDUCTED WITH OTHER ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED ALONG WITH THE FOLLOWING ORGANIZATIONS - JASPER COUNTY HEALTH DEPARTMENT - SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT - JOPLIN CITY HEALTH DEPARTMENT - TANEY COUNTY HEALTH DEPARTMENT |

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| <b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>   |  |
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |  |
| Form and Line Reference  | Explanation  |
| SCHEDULE H, PART V, SECTION B, LINE 7A   | CHNA URL <a href="https://www.freemanhealth.com/about-us/community-health-needs-assessment">HTTPS //WWW FREEMANHEALTH COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> |

| Form 990 Part V Section C Supplemental Information for Part V, Section B.  |   |
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| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |   |
| Form and Line Reference  | Explanation   |
| SCHEDULE H, PART V, SECTION B, LINE 10   | IMPLEMENTATION STRATEGY URL <a href="https://www.freemanhealth.com/about-us/community-health-needs-assessment">HTTPS //WWW FREEMANHEALTH COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                | Explanation   |
|--|---|
| SCHEDULE H, PART V, SECTION B, LINE 11 | ADDRESSING IDENTIFIED NEEDS FREEMAN HEALTH SYSTEM HAS ADOPTED A JOINT IMPLEMENTATION STRATEGY THAT INCLUDES FREEMAN HOSPITAL WEST, FREEMAN HOSPITAL EAST, FREEMAN NEOSHO HOSPITAL, AND OZARK CENTER AT THE ORGANIZATIONAL LEVEL, FREEMAN HEALTH SYSTEM HAS ADOPTED THE FOLLOWING PRIORITIZED HEALTH NEEDS FOR ITS COMMUNITY HEALTH IMPLEMENTATION PLAN FOR THE PERIOD 1/1/2019 THROUGH 12/31/2021 - CANCER - DIABETES - HEART DISEASE - LUNG DISEASE - MENTAL HEALTH - HEALTHCARE WORKFORCE 1 CANCER OBJECTIVE REDUCE THE LONG-TERM INCIDENCE OF CANCER BY USING ONGOING PREVENTION, DETECTION, AND TREATMENT STRATEGIES STRATEGY 1 PROVIDE ASSISTANCE FOR PATIENTS WHO CANT AFFORD CANCER MEDICATIONS STRATEGY 2 SUPPORT VULNERABLE POPULATIONS WITH PREVENTION, EDUCATION, AND FINANCIAL SUPPORT FOR HEALTH SERVICES STRATEGY 3 OFFER SCREENINGS FOR EARLY DETECTION TO IMPROVE TREATMENT EFFICACY 2 DIABETES OBJECTIVE DECREASE THE LONG-TERM INCIDENCE OF DIABETES USING ONGOING PREVENTION, DETECTION, AND TREATMENT STRATEGIES STRATEGY 1 IMPROVE HEALTH AND REDUCE DIABETES THROUGH SERVICES OF THE BARIATRIC CENTER STRATEGY 2 PARTICIPATE IN LOCAL, REGIONAL, AND STATE INITIATIVES WORKING TO REDUCE THE PREVALENCE OF DIABETES THROUGH COLLECTIVE IMPACT STRATEGY 3 BUILD PARTNERSHIPS WITH EMPLOYERS AND SCHOOLS THAT INCREASE AWARENESS, KNOWLEDGE, AND TREATMENT OF HEALTH FACTORS IMPACTING DIABETES 3 HEART DISEASE OBJECTIVE REDUCE THE LONG-TERM PREVALENCE OF HEART DISEASE BY INCREASING AWARENESS OF PREVENTION AND RISK FACTORS STRATEGY 1 SUPPORT COMMUNITY HEALTH INITIATIVES THAT ADDRESS PREVENTION AND SCREENINGS STRATEGY 2 SERVE PATIENTS THROUGH THE FREEMAN HEART & VASCULAR INSTITUTE STRATEGY 3 PARTICIPATE IN LOCAL, REGIONAL, AND STATE COLLABORATIVES WORKING TO REDUCE THE PREVALENCE OF HEART DISEASE THROUGH COLLECTIVE IMPACT 4 LUNG DISEASE OBJECTIVE REDUCE THE LONG-TERM INCIDENCE OF LUNG DISEASE BY INCREASING AWARENESS OF PREVENTION AND RISK FACTORS STRATEGY 1 SUPPORT COMMUNITY HEALTH INITIATIVES THAT ADDRESS TOBACCO CESSATION AND LUNG DISEASE PREVENTION STRATEGY 2 SERVE PATIENTS THROUGH THE FREEMAN LUNG INSTITUTE 5 MENTAL HEALTH OBJECTIVE COORDINATE PATIENT CARE TO INCLUDE BOTH BEHAVIORAL AND MEDICAL HEALTH STRATEGY 1 SUPPORT COMMUNITY HEALTH INITIATIVES THAT ADDRESS SUBSTANCE USE DISORDERS AND BEHAVIORAL HEALTH STRATEGY 2 MAINTAIN PSYCHIATRIC INPATIENT UNIT TO ALLOW PATIENTS TO RECEIVE CARE IN THE AREA STRATEGY 3 EDUCATE AND TRAIN PSYCHIATRIC RESIDENTS 6 HEALTHCARE WORKFORCE IN ADDITION TO THE PRIORITIZED MEDICAL AND BEHAVIORAL CONDITIONS, FREEMAN HAS ALSO ELECTED TO FOCUS ON HEALTHCARE WORKFORCE DEVELOPMENT TO FULFILL ITS MISSION IN ENSURING THE COMMUNITIES IT SERVES HAVE ACCESS TO NEEDED HEALTHCARE SERVICES, POTENTIAL GAPS IN THE AVAILABILITY OF HEALTH PROFESSIONAL SERVICES MUST BE IDENTIFIED IT IS IN THE BEST INTEREST OF THE HEALTH SYSTEM AND THE SERVICE AREA TO HAVE A PLAN TO DEVELOP A MEDICAL STAFF THAT IS COMPRISED OF INDIVIDUALS WITH THE BACKGROUND, |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                | Explanation  |
|--|--|
| SCHEDULE H, PART V, SECTION B, LINE 11 | TRAINING, SKILLS, AND EXPERTISE NEEDED BY THE CITIZENS SERVED OBJECTIVE INCREASE ACCESS TO HEALTH SERVICES BY ENHANCING HEALTH PROFESSIONAL EDUCATION, RECRUITMENT AND RETENTION EFFORTS STRATEGY 1 ENHANCE EFFORTS TO RECRUIT AND RETAIN HEALTH PROFESSIONALS STRATEGY 2 PARTNER WITH LOCAL SCHOOLS AND UNIVERSITIES OFFERING HEALTH PROFESSIONAL EDUCATION STRATEGY 3 EXPAND THE GRADUATE MEDICAL EDUCATION PROGRAM EACH OF THE PRIORITIZED HEALTH NEEDS REPRESENTS A COMPLEX HEALTH CONDITION THAT REQUIRES MULTI-STAKEHOLDER COLLABORATION TO EFFECTIVELY ADDRESS FREEMAN HEALTH SYSTEM IS COMMITTED WORK WORKING IN COLLABORATION WITH STAKEHOLDERS AT THE LOCAL, REGIONAL, AND STATE LEVEL |

| Form 990 Part V Section C Supplemental Information for Part V, Section B.  |   |
|--|---|
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |   |
| Form and Line Reference  | Explanation   |
| SCHEDULE H, PART V, SECTION B, LINE 13H  | BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS PRESUMPTIVE ELIGIBILITY MAY USE INDIVIDUAL LIFE CIRCUMSTANCES SUCH AS HOMELESSNESS, INCARCERATIONS, WIC PROGRAM ELIGIBILITY, AND/OR SNAP BENEFITS ELIGIBILITY |

| Form 990 Part V Section C Supplemental Information for Part V, Section B.  |   |
|--|---|
| <b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. |   |
| Form and Line Reference  | Explanation   |
| SCHEDULE H, PART V, SECTION B, LINES 16A-C   | FAP, APPLICATION, AND PLS URL <a href="https://www.freemanhealth.com/patients-and-visitors/patients/billing-and-insurance/payment-options">HTTPS //WWW FREEMANHEALTH COM/PATIENTS-AND-VISITORS/PATIENTS/BILLING-AND-INSURANCE/PAYMENT-OPTIONS</a> |



|   |                             |
|---|-----------------------------|
| Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility |                             |
| (list in order of size, from largest to smallest)   |                             |
| How many non-hospital health care facilities did the organization operate during the tax year? _____                      |                             |
| Name and address  | Type of Facility (describe) |
| 1 FREEMAN CANCER INSTITUTE<br>3415 MCINTOSH<br>JOPLIN, MO 64804   | MEDICAL SERVICES            |
| 1 FREEMAN MIDWEST ORTHOPAEDIC SURGERY<br>3105 MCCLELLAND BLVD<br>JOPLIN, MO 64804   | MEDICAL SERVICES            |
| 2 FREEMAN WOMEN'S CENTER<br>1532 W 32ND ST<br>JOPLIN, MO 64804  | MEDICAL SERVICES            |
| 3 URGENT CARE - JOPLIN<br>1130 E 32ND ST<br>JOPLIN, MO 64804  | MEDICAL SERVICES            |
| 4 FREEMAN WOUND CARE AND HOME CARE<br>3315 MCINTOSH<br>JOPLIN, MO 64804   | MEDICAL SERVICES            |
| 5 OCCUMED - JOPLIN<br>3201 MCCLELLAND BLVD<br>JOPLIN, MO 64804  | MEDICAL SERVICES            |
| 6 CH BENTLAGE MEDICAL CENTER<br>3202 MCINTOSH<br>JOPLIN, MO 64804   | MEDICAL SERVICES            |
| 7 FREEMAN CHILDREN'S CLINIC<br>1030 MCINTOSH<br>JOPLIN, MO 64804  | MEDICAL SERVICES            |
| 8 REHABILITATION AND SPORTS CENTER<br>2206 E 32ND STREET<br>JOPLIN, MO 64804  | MEDICAL SERVICES            |
| 9 URGENT CARE - WEBB CITY<br>1636 S MADISON<br>WEBB CITY, MO 64870  | MEDICAL SERVICES            |
| 10 FREEMAN NEUROSPINE<br>1905 W 32ND ST<br>JOPLIN, MO 64804   | MEDICAL SERVICES            |
| 11 FREEMAN EAR NOSE AND THROAT CENTER<br>1331 W 32ND ST<br>JOPLIN, MO 64804   | MEDICAL SERVICES            |
| 12 JOPLIN UROLOGYPHYSICIAN OFFICES<br>3302 MCINTOSH<br>JOPLIN, MO 64804   | MEDICAL SERVICES            |
| 13 FREEMAN SLEEP CENTERGERIATRIC CARE<br>931 E 32ND ST<br>JOPLIN, MO 64804  | MEDICAL SERVICES            |
| 14 HIGGINS MEDICAL BUILDING<br>1020 MCINTOSH<br>JOPLIN, MO 64804  | MEDICAL SERVICES            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 16 FREEMAN PROFESSIONAL CENTER<br>3333 MCINTOSH<br>JOPLIN, MO 64804                              | MEDICAL SERVICES            |
| 1 FREEMAN CLINIC OF ANDERSON<br>510 PARK ST<br>ANDERSON, MO 64831                                | MEDICAL SERVICES            |
| 2 PAIN MANAGMENT CENTER<br>3103 MCCLELLAND BLVD<br>JOPLIN, MO 64804                              | MEDICAL SERVICES            |
| 3 DAVID A BALL MEDICAL BUILDING<br>1111 MCINTOSH CIRCLE DRIVE<br>JOPLIN, MO 64804                | MEDICAL SERVICES            |
| 4 FREEMAN MEDICAL PLAZA I<br>702 E 34TH ST<br>JOPLIN, MO 64804                                   | MEDICAL SERVICES            |
| 5 FREEMAN CLINIC OF CARTHAGE<br>719 W CENTENNIAL<br>CARTHAGE, MO 64836                           | MEDICAL SERVICES            |
| 6 FREEMAN CLINIC OF BAXTER SPRINGS<br>322 E 11TH ST<br>BAXTER SPRINGS, KS 66713                  | MEDICAL SERVICES            |
| 7 OCCUMED - CARTHAGE SPECIALTY CLINIC<br>1500 S CASE ST<br>CARTHAGE, MO 64836                    | MEDICAL SERVICES            |
| 8 FREEMAN HEART AND VASCULAR INSTITUTE<br>1101 E 13TH STREET SUITE A B AND<br>GROVE, OK 74344    | MEDICAL SERVICES            |
| 9 FREEMAN HEART AND VASCULAR INSTITUTE<br>30 B STREET SW<br>MIAMI, OK 74354                      | MEDICAL SERVICES            |
| 10 FREEMAN CARL JUNCTION FAMILY MEDICINE<br>104 S MAIN STREET<br>JOPLIN, MO 64834                | MEDICAL SERVICES            |
| 11 SENECA FAMILY MEDICINE<br>1606 OLIVE<br>SENECA, MO 64865                                      | MEDICAL SERVICES            |
| 12 FREEMAN HEALTH AND VASCULAR INSTITUTE<br>1902 S US HWY 59 BLDG E STE 202<br>PARSONS, KS 67357 | MEDICAL SERVICES            |
| 13 FHS LAMAR FAMILY CARE<br>307 WEST 11TH STREET<br>LAMAR, MO 64759                              | MEDICAL SERVICES            |
| 14 FHS PHYSICIAN GROUP OF PITTSBURG<br>1201 E CENTENNIAL<br>PITTSBURG, KS 66762                  | MEDICAL SERVICES            |

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| <b>31</b> FHS ORTHOPAEDICS AND SPORTS MED OF PTSBR<br>110 N PINE STREET<br>PITTSBURG, KS 66762 | MEDICAL SERVICES            |
| <b>1</b> FREEMAN HEART AND VASCULAR INSTITUTE<br>307 N HOSPITAL DRIVE<br>GIRARD, KS 66743      | MEDICAL SERVICES            |
| <b>2</b> FREEMAN LUNG INSTITUTE<br>1002 MCINTOSH CIRCLE<br>JOPLIN, MO 64804                    | MEDICAL SERVICES            |
| <b>3</b> FHS ORTHOPAEDICS AND SPORTS MED OF PTSBR<br>1621 S MAIN<br>FT SCOTT, KS 66701         | MEDICAL SERVICES            |
| <b>4</b> FREEMAN MIDWEST INTERNAL MEDICINE<br>608 WILLARD<br>FRONTENAC, KS 66763               | MEDICAL SERVICES            |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FREEMAN HEALTH SYSTEM

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
43-1704371

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 . . . . . 18

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

**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) CMN AID TO FAMILIES                 | 359                      | 163,394                  |                                  |   |                                       |
| (2) MAMMOGRAMS                          | 86                       | 83,835                   |                                  |   |                                       |
| (3) PRESCRIPTION, MEALS, TRANSPORTATION | 1208                     | 30,933                   |                                  |   |                                       |
| (4) DIALYSIS PATIENT ASSISTANCE         | 33                       | 5,197                    |                                  |   |                                       |
| (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  |
|----------------------------|--|
| SCHEDULE I, PART I, LINE 2 | MONITORING USE OF GRANT FUNDS OZARK CENTER IS A RELATED ORGANIZATION TO AND WORKS CLOSELY WITH FREEMAN HEALTH SYSTEM TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE THROUGH CARING FOR PATIENTS SUFFERING FROM PSYCHIATRIC, SUBSTANCE ABUSE AND AUTISM SPECTRUM DISORDERS THIS CLOSE RELATIONSHIP ALLOWS FREEMAN HEALTH SYSTEM TO CLOSELY MONITOR THE USE OF FUNDS AMOUNTS ARE ALSO CONTRIBUTED TO COLLEGES OR THEIR RELATED FOUNDATIONS FOR NURSING SCHOLARSHIPS FOR AREA STUDENTS THE ORGANIZATION IS ABLE TO MONITOR FUNDS BY PROVIDING THESE AMOUNTS DIRECTLY TO THE SCHOOLS, TO BE USED FOR THE DESIGNATED ENROLLED STUDENT RECIPIENTS OTHER AMOUNTS WERE GIVEN DURING THE YEAR TO LOCAL ORGANIZATIONS THE USE OF THE FUNDS CAN BE SEEN IN THE COMMUNITY AND CAN BE MONITORED ACCORDINGLY |
| SCHEDULE I, PART III       | GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN FISCAL YEAR 2019, FREEMAN HEALTH SYSTEM PROVIDED ASSISTANCE THROUGH THE FOLLOWING PROGRAMS *FHS CHILDREN'S MIRACLE NETWORK - \$163,394 WAS SPENT HELPING OVER 359 FAMILIES WITH MEDICINE, TRANSPORTATION AND LODGING *HELPING FRIENDS MAMMOGRAM PROGRAM - \$83,835 WAS SPENT TO HELP 86 WOMEN WITH FREE MAMMOGRAPHY *CHAPLAINS DISCRETIONARY FUND - \$30,933 WAS SPENT TO HELP OVER 1,208 WITH PRESCRIPTIONS/FREE MEALS OR TRANSPORTATION HOME *DIALYSIS PATIENT ASSISTANCE - \$5,197 WAS SPENT HELPING 33 DIALYSIS PATIENTS WITH RELATED EXPENSES   |

Additional Data

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

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

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| JOPLIN HUMANE SOCIETY<br>140 E EMPEROR LANE<br>JOPLIN, MO 64801          | 44-0664226 | 501(C)(3)                     | 6,500                    |                                   |   |  | SUPPORT                            |
| AMERICAN HEART ASSOCIATION<br>7272 GREENVILLE AVENUE<br>DALLAS, TX 75231 | 13-5613797 | 501(C)(3)                     | 14,500                   |                                   |   |  | 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 |
| BREAST FOUNDATION OF THE OZARKS<br>620 W REPUBLIC RD STE 107<br>SPRINGFIELD, MO 65807                          | 43-1881450 | 501(C)(3)                     | 10,000                   |                                   |   |  | SUPPORT                            |
| JOPLIN FAMILY YMCA<br>3404 W MCINTOSH<br>JOPLIN, MO 64804  | 44-0552026 | 501(C)(3)                     | 10,000                   |                                   |   |  | SUPPORT                            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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 |
| PITTSBURG STATE UNIVERSITY<br>1701 SOUTH BROADWAY<br>PITTSBURG, KS 66762                                       | 48-6104332 | 501(C)(3)                     | 555,500                  |                                   |   |  | SUPPORT                            |
| JOPLIN AREA CHAMBER OF COMMERCE<br>320 E 4TH STREET<br>JOPLIN, MO 64801  | 44-0304705 | 501(C)(3)                     | 15,000                   |                                   |   |  | SUPPORT                            |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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 |
| SCHOOL DISTRICT OF JOPLIN<br>R-VIII FOUNDATION<br>3901 EAST 32ND SREET<br>JOPLIN, MO 64804                     | 43-1664927 | 501(C)(3)                     | 24,890                   |                                   |   |  | SUPPORT                            |
| CARL JUNCTION EDUCATION<br>FOUNDATION<br>206 S RONEY<br>CARL JUNCTION, MO 64834                                | 43-1776822 | 501(C)(3)                     | 22,973                   |                                   |   |  | 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 |
| MISSOURI SOUTHERN FOUNDATION<br>3950 E NEWMAN ROAD<br>JOPLIN, MO 64801   | 43-0907114 | 501(C)(3)                     | 61,417                   |                                   |   |  | SUPPORT                            |
| RONALD MCDONALD HOUSE<br>PO BOX 2688<br>JOPLIN, MO 64803   | 43-1758397 | 501(C)(3)                     | 33,100                   |                                   |   |  | 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 |
| MCDONALD COUNTY R1<br>SCHOOL DISTRICT<br>100 MUSTANG DRIVE<br>ANDERSON, MO 64831                               | 43-1339582 | 501(C)(3)                     | 9,000                    |                                   |   |  | SUPPORT                            |
| GEORGE A SPIVA CENTER FOR<br>THE ARTS<br>222 W 3RD STREET<br>JOPLIN, MO 64801                                  | 44-6006139 | 501(C)(3)                     | 8,000                    |                                   |   |  | SUPPORT                            |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC 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 |
| COMMUNITY HEALTH CLINIC OF JOPLIN<br>701 SOUTH JOPLIN AVENUE<br>JOPLIN, MO 64801                               | 43-1643962 | 501(C)(3)                     | 29,000                   |                                   |   |  | SUPPORT                            |
| CROWDER COLLEGE<br>601 LACLEDE AVE<br>NEOSHO, MO 64850   | 44-0668521 | 501(C)(3)                     | 69,724                   |                                   |   |  | 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 |
| JOPLIN REGIONAL PARTNERSHIP<br>320 E 4TH ST<br>JOPLIN, MO 64801  | 43-1386971 | 501(C)(3)                     | 40,000                   |                                   |   |  | SUPPORT                            |
| CONNECT2CULTURE<br>407 S PENNSYLVANIA AVE<br>JOPLIN, MO 64801  | 45-1779223 | 501(C)(3)                     | 1,525,000                |                                   |   |  | SUPPORT & CAPITAL                  |

| 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 |
| JOPLIN MEMORIAL RUN<br>PO BOX 3102<br>JOPLIN, MO 64801   | 45-4202274 | 501(C)(3)                     | 25,000                   |                                   |   |  | SUPPORT                            |
| OZARK CENTER<br>1105 E 32ND ST<br>JOPLIN, MO 64804   | 43-0821959 | 501(C)(3)                     | 424,580                  |                                   |   |  | SUPPORT                            |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

**Part I Questions Regarding Compensation**

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

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

**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?

**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

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Yes No**

**1b**

**2**

**4a**

No

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

Yes

**6b**

No

**7**

No

**8**

No

**9**

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.

See Additional Data Table**Schedule J (Form 990) 2018**



**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  |
|-----------------------------|--|
| SCHEDULE J, PART I, LINE 4B | SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THROUGH FREEMAN HEALTH SYSTEM: \$ 333,867 PAULA BAKER \$ 69,454 STEVE GRADDY \$ 20,979 JEFFREY CARRIER \$ 23,842 MICHAEL LEONE \$ 25,850 WESLEY BRAMAN \$ 21,387 MARY FRERER \$ 38,973 KEVIN GAUDETTE. THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THROUGH FREEMAN NEOSHO HOSPITAL, A RELATED ORGANIZATION: \$ 83,467 PAULA BAKER \$ 13,891 STEVE GRADDY. |

| Return Reference            | Explanation  |
|-----------------------------|--|
| SCHEDULE J, PART I, LINE 6A | MANAGEMENT COMPENSATION FREEMAN HEALTH SYSTEM PROVIDES MANAGEMENT THE POTENTIAL TO RECEIVE AN AT-RISK PAYMENT BASED ON SYSTEM AND INDIVIDUAL GOAL ACHIEVEMENT THE AMOUNT OF COMPENSATION IS BASED UPON A PERCENTAGE OF THE EMPLOYEE'S ANNUAL COMPENSATION AND IS SUBJECT TO BOARD APPROVAL |

| Return Reference                    | Explanation   |
|-------------------------------------|---|
| SCHEDULE J, PART II, COLUMN (B)(II) | BONUS & INCENTIVE COMPENSATION THE ORGANIZATION PROVIDES PHYSICIANS THE POTENTIAL TO RECEIVE ANNUAL BONUS COMPENSATION PHYSICIAN BONUSES ARE CALCULATED BASED ON GENERATING WORKED RELATIVE VALUE UNITS (WRVU) EMPLOYMENT CONTRACTS SPECIFY THE NUMBER OF REQUIRED WRVUS (TO OBTAIN AN ANNUAL SALARY) AND THE ADDITIONAL BONUS COMPENSATION PHYSICIANS WILL RECEIVE ONCE THE REQUIRED WRVUS HAVE BEEN MET ADDITIONAL BONUS COMPENSATION IS CALCULATED BY MULTIPLYING THE WRVUS IN EXCESS OF REQUIRED WRVUS TIMES A PREDETERMINED COMPENSATION FACTOR WRVUS SHALL BE COMPUTED BY USE OF THE APPROVED MEDICARE METHODS OF COMPUTATION FOR PHYSICIAN PRACTICES |



Additional Data

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

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

| (A) Name and Title                                |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| LARRY MCINTIRE DO<br>DIRECTOR                     | (i)  | 353,524  | 44,136                              | 18,417                              | 8,100  | 932                     | 425,109                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JOHN M COX DO<br>DIRECTOR                         | (i)  | 837,361  | 132,592                             | 15,474                              | 8,100  | 20,536                  | 1,014,063                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| PAULA F BAKER<br>PRESIDENT/CEO                    | (i)  | 601,888  | 300,237                             | 353,776                             | 273,768  | 19,754                  | 1,549,423                       | 333,867   |
|   | (ii) | 150,472  | 75,059                              | 88,444                              | 68,442   | 4,939                   | 387,356                         | 83,467  |
| STEVE W GRADY<br>CFO                              | (i)  | 340,576  | 137,776                             | 73,065                              | 73,560   | 13,753                  | 638,730                         | 69,454  |
|   | (ii) | 68,115   | 27,555                              | 14,613                              | 14,712   | 2,750                   | 127,745                         | 13,891  |
| JOSHUA BALL<br>DIRECTOR                           | (i)  | 806,943  | 1,075,852                           | 18,500                              | 8,100  | 16,460                  | 1,925,855                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JEFFREY MICHAEL CARRIER<br>CHIEF CLINICAL OFFICER | (i)  | 245,031  | 106,276                             | 38,763                              | 36,419   | 27,292                  | 453,781                         | 20,979  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DENNIS A ESTEP<br>CMO                             | (i)  | 313,698  | 33,712                              | 1,462                               | 8,100  | 27,342                  | 384,314                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| THOMAS B COY<br>PHYSICIAN                         | (i)  | 1,422,787  | 201,822                             | 13,000                              | 8,100  | 24,979                  | 1,670,688                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| ROBERT C STAUFFER<br>PHYSICIAN                    | (i)  | 1,080,927  | 255,750                             | 18,520                              | 8,100  | 16,282                  | 1,379,579                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| WILLIAM J NICHOLAS<br>PHYSICIAN                   | (i)  | 1,859,978  | 676,601                             | 18,500                              | 8,100  | 17,409                  | 2,580,588                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DARWIN JEYARAJ<br>PHYSICIAN                       | (i)  | 639,276  | 965,398                             | 0                                   | 8,100  | 27,629                  | 1,640,403                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| CHANCE L MATTHIESEN<br>PHYSICIAN                  | (i)  | 790,035  | 616,488                             | 7,400                               | 6,900  | 24,979                  | 1,445,802                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| MICHAEL J LEONE<br>CONTROLLER                     | (i)  | 368,399  | 70,684                              | 42,602                              | 36,245   | 20,718                  | 538,648                         | 23,842  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| KEVIN P GAUDETTE<br>VP REVENUE CYCLE              | (i)  | 261,138  | 40,121                              | 38,993                              | 36,101   | 21,005                  | 397,358                         | 38,973  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| WESLEY B BRAMAN<br>VP BUSINESS DEVELOPMENT        | (i)  | 220,635  | 34,395                              | 25,870                              | 20,689   | 23,655                  | 325,244                         | 25,850  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| MARY A FRERER<br>CHIEF HUMAN RESOURCE OFFICER     | (i)  | 183,560  | 28,896                              | 21,647                              | 22,597   | 15,576                  | 272,276                         | 21,387  |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| LEONARD T ROLLINS<br>CHIEF INFORMATION OFFICER    | (i)  | 202,789  | 33,780                              | 18,500                              | 1,000  | 24,561                  | 280,630                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

| Part I Bond Issues                                  |                |             |                 |                 |                                    |              |    |                         |    |                    |    |
|---|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name                                     | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose         | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|   |                |             |                 |                 |                                    | Yes          | No | Yes                     | No | Yes                | No |
| A THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO | 52-1299414     |             | 06-18-2014      | 15,995,508      | REFUND 2009 BONDS                  |              | X  |                         | X  |                    | X  |
| B THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO | 52-1299414     | 480639AY9   | 12-31-2011      | 25,031,815      | CONSTRUCT & EQUIP WEST CAMPUS HOSP |              | X  |                         | X  |                    | X  |
| C HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF MO | 43-1178966     | 60637ADK5   | 12-20-2012      | 40,129,591      | REFUND 1994-A BONDS AND 1998A BOND |              | X  |                         | X  |                    | X  |
| D THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO | 52-1299414     |             | 12-23-2014      | 7,000,000       | CONSTRUCT, IMPROVE, AND EQUIP EAST |              | X  |                         | X  |                    | X  |

| Part II |  | Proceeds   |    |            |    |            |    |           |    |
|---------|--|------------|----|------------|----|------------|----|-----------|----|
|         |  | A          |    | B          |    | C          |    | D         |    |
| 1       | Amount of bonds retired . . . . .  | 4,253,753  |    | 6,965,000  |    | 17,960,000 |    | 3,032,688 |    |
| 2       | Amount of bonds legally defeased . . . . .   | 0          |    | 0          |    | 0          |    | 0         |    |
| 3       | Total proceeds of issue . . . . .  | 15,995,508 |    | 25,031,815 |    | 40,129,591 |    | 7,000,000 |    |
| 4       | Gross proceeds in reserve funds . . . . .  | 0          |    | 2,131,695  |    | 3,643,864  |    | 0         |    |
| 5       | Capitalized interest from proceeds . . . . .   | 0          |    | 0          |    | 0          |    | 0         |    |
| 6       | Proceeds in refunding escrows . . . . .  | 0          |    | 0          |    | 0          |    | 0         |    |
| 7       | Issuance costs from proceeds . . . . .   | 0          |    | 403,785    |    | 530,282    |    | 0         |    |
| 8       | Credit enhancement from proceeds . . . . .   | 0          |    | 0          |    | 0          |    | 0         |    |
| 9       | Working capital expenditures from proceeds . . . . .   | 0          |    | 0          |    | 0          |    | 0         |    |
| 10      | Capital expenditures from proceeds . . . . .   | 0          |    | 22,563,205 |    | 0          |    | 7,000,000 |    |
| 11      | Other spent proceeds . . . . .   | 15,995,808 |    | 0          |    | 36,042,809 |    | 0         |    |
| 12      | Other unspent proceeds . . . . .   | 0          |    | 0          |    | 0          |    | 0         |    |
| 13      | Year of substantial completion . . . . .   | 2008       |    | 2014       |    | 1999       |    | 2016      |    |
|         |  | Yes        | No | Yes        | No | Yes        | No | Yes       | No |
| 14      | Were the bonds issued as part of a current refunding issue? . . . . .  | X          |    |            | X  | X          |    |           | X  |
| 15      | Were the bonds issued as part of an advance refunding issue? . . . . .   |            | X  |            | X  |            | X  |           | X  |
| 16      | Has the final allocation of proceeds been made? . . . . .  | X          |    | X          |    | X          |    | X         |    |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X          |    | X          |    | X          |    | X         |    |

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| SCHEDULE K, PART I, LINE A, COLUMN F | THE 2009 BONDS WERE ORIGINALLY ISSUED ON 7/23/2009 THE 2009 BONDS WERE |



| Return Reference                        | Explanation   |
|---|---|
| SCHEDULE K, PART I, LINE C,<br>COLUMN F | THE 1994-A BONDS WERE ORIGINALLY ISSUED ON 3/15/1994 AND THE 1998-A BONDS WERE ORIGINALLY ISSUED ON 2/12/1998 |

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

| Return Reference                                | Explanation  |
|---|--|
| SCHEDULE K, PART II, LINES<br>11 & 14, COLUMN A | THE 2009 BONDS WERE REISSUED ON 6/18/2014 AND ALL SALE PROCEEDS WERE DEEMED TO CURRENTLY REFUND<br>THE 2009 BONDS ON THAT DATE |

| Return Reference                          | Explanation  |
|---|--|
| SCHEDULE K, PART II, LINE<br>11, COLUMN C | BOND PROCEEDS IN THE AMOUNT OF \$36,010,967 WERE USED TO REFUND THE SERIES 1994-A BONDS AND<br>SERIES 1998-A BONDS ON 12/27/2012 IN ADDITION, BOND PROCEEDS IN THE AMOUNT OF \$31,842 WERE USED<br>TO PAY INTEREST ON THE BONDS ON 8/15/2013 |

| Return Reference                  | Explanation  |
|-----------------------------------|--|
| SCHEDULE K, PART III,<br>COLUMN C | PER THE INSTRUCTIONS, PART III IS NOT REQUIRED TO BE COMPLETED FOR PROJECTS ORIGINALLY FINANCED PRIOR TO JANUARY 1, 2003 |

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

| Return Reference                          | Explanation   |
|---|---|
| SCHEDULE K, PART IV, LINE<br>2C, COLUMN B | THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 12/1/2016 |

| Return Reference                          | Explanation   |
|---|---|
| SCHEDULE K, PART IV, LINE<br>2C, COLUMN C | THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 12/1/2017 |



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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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

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

| Part II |  | Proceeds  |    |            |    |     |    |     |    |
|---------|--|-----------|----|------------|----|-----|----|-----|----|
|         |  | A         |    | B          |    | C   |    | D   |    |
| 1       | Amount of bonds retired . . . . .  | 2,166,206 |    | 4,920,000  |    |     |    |     |    |
| 2       | Amount of bonds legally defeased . . . . .   | 0         |    | 0          |    |     |    |     |    |
| 3       | Total proceeds of issue . . . . .  | 5,000,000 |    | 40,712,377 |    |     |    |     |    |
| 4       | Gross proceeds in reserve funds . . . . .  | 0         |    | 3,044,219  |    |     |    |     |    |
| 5       | Capitalized interest from proceeds . . . . .   | 0         |    | 0          |    |     |    |     |    |
| 6       | Proceeds in refunding escrows . . . . .  | 0         |    | 0          |    |     |    |     |    |
| 7       | Issuance costs from proceeds . . . . .   | 0         |    | 532,154    |    |     |    |     |    |
| 8       | Credit enhancement from proceeds . . . . .   | 0         |    | 0          |    |     |    |     |    |
| 9       | Working capital expenditures from proceeds . . . . .   | 0         |    | 0          |    |     |    |     |    |
| 10      | Capital expenditures from proceeds . . . . .   | 5,000,000 |    | 0          |    |     |    |     |    |
| 11      | Other spent proceeds . . . . .   | 0         |    | 37,248,410 |    |     |    |     |    |
| 12      | Other unspent proceeds . . . . .   | 0         |    | 0          |    |     |    |     |    |
| 13      | Year of substantial completion . . . . .   | 2016      |    | 2008       |    |     |    |     |    |
|         |  | 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)

|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |            | X         | X          |           |            |           |            |           |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |            |           | X          |           |            |           |            |           |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |            | X         |            | X         |            |           |            |           |
| <b>d</b> 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?   |            |           |            |           |            |           |            |           |
| <b>4</b> 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 %        |           |            |           |            |           |
| <b>5</b> 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 %        |           | 0 220 %    |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .   | 0 %        |           | 0 220 %    |           |            |           |            |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . .   |            | X         |            | X         |            |           |            |           |
| <b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .  |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .  |            | X         |            | X         |            |           |            |           |
| <b>9</b> 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**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

|  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| 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  |
|---|--|
| SCHEDULE K, PART I, LINE D & SCHEDULE K-2, PART I, LINE A | THE SERIES 2014A BONDS AND THE SERIES 2014B BONDS WERE TREATED AS A SINGLE ISSUE FOR FEDERAL TAX PURPOSES HOWEVER, THESE BONDS HAVE BEEN REPORTED SEPARATELY ON SCHEDULE K |

| Return Reference                          | Explanation  |
|---|--|
| SCHEDULE K-2, PART I, LINE<br>B, COLUMN F | THE SERIES 2004 BONDS WERE ORIGINALLY ISSUED ON 11/30/2004 |

| Return Reference                         | Explanation   |
|--|---|
| SCHEDULE K-2, PART II, LINE 11, COLUMN B | THIS AMOUNT REPRESENTS \$37,170,351 USED TO REFUND THE SERIES 2004 ON 2/27/15 AND \$78,060 ALLOCATED TO PAY INTEREST ON THE BONDS |

| Return Reference                         | Explanation  |
|--|--|
| SCHEDULE K-2, PART III, LINE 5, COLUMN B | AMOUNT REPRESENTS THE MAXIMUM AMOUNT OF NONQUALIFIED USE THAT MAY RESULT FROM UNRELATED TRADE OR BUSINESS ACTIVITY |

| Return Reference                               | Explanation   |
|--|---|
| SCHEDULE K-2, PART III, LINE 8A, COLUMNS A & B | THE HOSPITAL GENERALLY DOES NOT DISPOSE OF ANY BOND FINANCED PROPERTY PRIOR TO THE END OF ITS USEFUL LIFE |

Schedule L

(Form 990 or 990-EZ)

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

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            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2

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

3

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

Part II

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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 |
| (1) DEBORAH GAUDETTE          | SEE PART V  | 72,992                    | EMPLOYEE COMPENSATION          |   | No |
| (2) ADAM GRADDY               | SEE PART V  | 80,089                    | EMPLOYEE COMPENSATION          |   | No |
| (3) KENT MCINTIRE             | SEE PART V  | 645,494                   | EMPLOYEE COMPENSATION          |   | No |
| (4) RITCHI ROLLINS            | SEE PART V  | 55,160                    | EMPLOYEE COMPENSATION          |   | No |
| (5) MICHAELA BENNETT          | SEE PART V  | 49,229                    | EMPLOYEE COMPENSATION          |   | No |
| (6) SCOTT MCCLINTICK          | SEE PART V  | 731,001                   | EMPLOYEE COMPENSATION          |   | No |

**Part V Supplemental Information**

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

| Return Reference              | Explanation   |
|-------------------------------|---|
| SCHEDULE L, PART IV, COLUMN B | RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION (1) DEBORAH GAUDETTE IS THE WIFE OF KEY EMPLOYEE KEVIN GAUDETTE (2) ADAM GRADDY IS THE SON OF THE CFO STEVE GRADDY (3) KENT MCINTIRE IS THE SON OF BOARD MEMBER LARRY MCINTIRE (4) RITCHI ROLLINS IS THE WIFE OF KEY EMPLOYEE LEONARD ROLLINS (5) MICHAELA FRERER IS THE DAUGHTER OF KEY EMPLOYEE MARY FRERER (6) SCOTT MCCLINTICK IS THE SON-IN-LAW OF BOARD MEMBER RODNEY MCFARLAND |

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

Department of the Treasury

Name of the organization  
FREEMAN HEALTH SYSTEM

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

43-1704371

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4 | <p>PROGRAM SERVICES. LOCALLY OWNED, NOT-FOR-PROFIT AND NATIONALLY RECOGNIZED, FREEMAN HEALTH SYSTEM INCLUDES FREEMAN HOSPITAL WEST, FREEMAN HOSPITAL EAST, FREEMAN NEOSHO HOSPITAL, AND OZARK CENTER-THE AREAS LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES, AS WELL AS TWO URGENT CARE CLINICS, DOZENS OF PHYSICIAN CLINICS THROUGHOUT THE AREA, AND A VARIETY OF SPECIALTY SERVICES. FREEMAN HEALTH SYSTEMS MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH CONTEMPORARY, INNOVATIVE, QUALITY HEALTHCARE SOLUTIONS. FREEMAN HAS A MEDICAL STAFF OF MORE THAN 300 PHYSICIANS REPRESENTING MORE THAN 70 SPECIALTIES. FREEMAN IS A LEVEL II STROKE CENTER, AS DESIGNATED BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES. FREEMAN WAS THE FIRST HOSPITAL IN THE AREA TO EARN THIS DISTINCTION. THIS DESIGNATION MEANS THE STATE HAS VERIFIED THAT FREEMAN PROVIDES THE HIGHEST LEVEL OF RAPID, EXPERT CARE FOR PATIENTS WITH STROKE/TRANSIENT ISCHEMIC ATTACK. SIMILARLY, FREEMAN IS A LEVEL I STEMI CENTER, MEANING IT HAS DEMONSTRATED EXPERTISE IN THE COORDINATED CARE OF PATIENTS EXPERIENCING THE MOST SERIOUS KIND OF HEART ATTACK. ADDITIONALLY, FREEMAN IS A LEVEL II TRAUMA CENTER, AND HAS A 24-BED NICU. AS THE ONLY LOCALLY OWNED, NOT-FOR-PROFIT HEALTH SYSTEM IN THE AREA, FREEMAN FOCUSES ON MEETING THE HEALTH AND WELLNESS NEEDS OF THOSE IT SERVES, AS WELL AS THE NEEDS OF FUTURE GENERATIONS. FREEMAN CAREGIVERS, LEADERSHIP, AND THE BOARD OF DIRECTORS PLAY AN ACTIVE ROLE IN IDENTIFYING THE HEALTH NEEDS OF THE REGION. FREEMAN IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS, WHO CALL THE AREA HOME AND RELY ON FREEMAN FOR THEIR OWN HEALTHCARE AND THE HEALTHCARE OF THEIR LOVED ONES. FREEMAN IS THE ONLY CHILDRENS MIRACLE NETWORK HOSPITAL IN A 70-MILE RADIUS. IN FY19, FREEMAN HEALTH SYSTEM COMPLETED A PROJECT TO EXPAND MAGNETIC RESONANCE IMAGING SERVICES AT FREEMAN HOSPITAL WEST. TO MAKE ROOM FOR THE NEW EQUIPMENT AND UPGRADES, FREEMAN RENOVATED 425 SQUARE FEET OF EXISTING SPACE, ADDED A THIRD, MORE POWERFUL "3T" MACHINE, AND UPGRADED AN EXISTING UNIT. 3T IMAGES CAN PROVIDE EXTREMELY CLEAR AND VIVID IMAGES. THE NEW MRIS ARE QUIETER, FASTER, AND MORE COMFORTABLE, AND THEY ARE IDEAL FOR IMAGING WHEN MINUTE DETAILS ARE ESPECIALLY CRITICAL TO A PATIENTS DIAGNOSIS. HAVING THREE MRIS MEANS PATIENTS CAN GET IN FOR SCANS MORE QUICKLY BECAUSE MORE PATIENTS CAN BE SEEN AT THE HOSPITAL EACH DAY. THE COMPLETION OF THIS PROJECT ENABLES FREEMAN TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH THE MOST ADVANCED TECHNOLOGIES, ALL WITH CONVENIENT ACCESS FOR PATIENTS AND PERFORMED BY A STAFF OF COMPASSIONATE, CARING PROFESSIONALS. FREEMAN HEALTH SYSTEM WAS HONORED WITH AN "A" GRADE IN BOTH THE SPRING AND FALL 2018 LEAPFROG GROUP HOSPITAL SAFETY SCORE REPORTS. THE SCORE RATES HOW WELL HOSPITALS PROTECT PATIENTS FROM PREVENTABLE ERRORS, ACCIDENTS, INJURIES, AND INFECTIONS. ADDITIONALLY, FREEMAN RECEIVED DOZENS OF AWARDS IN MEDICAL EXCELLENCE AND SAFETY FROM CARECHEX, AN INDEPENDENT QUALITY RATING ORG.</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4 | <p>ANIZATION THE AWARDS SPANNED A NUMBER OF SERVICE LINES, SUCH AS SURGERY, WOMENS HEALTH, A ND TRAUMA CARE, TO NAME A FEW FREEMAN WAS AMONG THE "TOP 100 IN THE NATION IN MEDICAL EXC ELLENCE" FOR BARIATRIC SURGERY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), GALL BLADDER REMOVAL, GENERAL SURGERY, INTERVENTIONAL CAROTID CARE, MAJOR BOWEL PROCEDURES, SPINAL FUS ION, AND SPINAL SURGERY IN FY19, FREEMAN HEALTH SYSTEM WAS RECOGNIZED AS "HIGH PERFORMING " IN TWO AREAS IN THE "U S NEWS &amp; WORLD REPORT BEST HOSPITALS ASSESSMENT " THE TWO AREAS OF EXCELLENCE ARE COLON CANCER SURGERY AND TREATMENT OF OBSTRUCTIVE PULMONARY DISEASE TH I S NATIONAL DISTINCTION IS A TESTAMENT TO THE DEDICATION AND PASSION FREEMAN CAREGIVERS HAV E FOR THEIR PATIENTS ADDITIONALLY, FREEMAN HEALTH SYSTEM WAS NAMED A TOP TEACHING HOSPITA L BY THE LEAPFROG GROUP FREEMAN WAS ONE OF TWO HOSPITALS IN MISSOURI AND 36 NATIONALLY TO RECEIVE THE HONOR THIS AWARD DEMONSTRATES FREEMANS EXTRAORDINARY DEDICATION TO PATIENTS AND THE LOCAL COMMUNITY AS A TEACHING HOSPITAL, FREEMAN PLAYS A KEY ROLE IN THE EDUCATION AND TRAINING OF PHYSICIANS IN MISSOURI THE NEW MEDICAL SCHOOL IN JOPLIN, KCU-JOPLIN, HAS ACKNOWLEDGED FREEMAN AS ITS ACADEMIC CENTER IN JOPLIN DEMONSTRATING CONTINUED COMMITMENT TO MEDICAL EDUCATION AND WHOLE-HEARTED SUPPORT FOR THE NEW MEDICAL SCHOOL, FREEMAN MADE A \$4 8 MILLION GIFT TO THE DEVELOPMENT OF THE KCU SATELLITE CAMPUS AND NOW PROVIDES RESIDEN CY AND TRAINING OPPORTUNITIES FOR KCU STUDENTS AT A COST OF \$85,000 PER SLOT EACH YEAR, K CU ASKS FREEMAN TO ACCOMMODATE AN INCREASED NUMBER OF MEDICAL STUDENTS THROUGH CLINICAL RO TATIONS, AND FREEMAN OBLIGES AS A TEACHING HOSPITAL, FREEMAN OFFERS RESIDENCY PROGRAMS IN INTERNAL MEDICINE, EMERGENCY MEDICINE, ENT, AND PSYCHIATRY, IN AFFILIATION WITH KCU ADDI TIONALLY, FREEMAN GRADUATE MEDICAL EDUCATION IS DEVELOPING A RESIDENCY PROGRAM IN FAMILY M EDICINE THAT WILL LAUNCH IN A YEAR OR TWO GRADUATES OF RESIDENCY PROGRAMS OFTEN DECIDE TO SET UP PRACTICES IN THE CITY WHERE THEY COMPLETED THEIR RESIDENCY THE FREEMAN GRADUATE M EDICAL EDUCATION RESIDENCY PROGRAMS HELP ATTRACT PHYSICIANS TO THE AREA THAT FREEMAN SERVE S THIS IS IMPORTANT BECAUSE THE HEALTH RESOURCES AND SERVICES ADMINISTRATION HAS DESIGNAT ED MUCH OF THIS AREA AS MEDICALLY UNDERSERVED, MEANING IT DOESNT HAVE ENOUGH PRIMARY CARE PHYSICIANS FREEMAN HEALTH SYSTEM RECENTLY ADDED A PHARMACY RESIDENCY PROGRAM THE POST-GR ADUATE PROGRAM RECEIVED A SIX-YEAR ACCREDITATION FROM THE AMERICAN SOCIETY OF HEALTH SYSTE M PHARMACISTS, THE ONLY PHARMACY RESIDENCY ACCREDITING BODY RESIDENT PHARMACISTS TAKE PAR T IN A ONE-YEAR RESIDENCY OFFERING EDUCATION IN A BROAD AREA OF PHARMACY PRACTICE PHARMAC Y RESIDENTS CONTRIBUTE TO THE HOSPITAL BY PROVIDING PATIENT CARE ROUNDS, DRUG MONITORING, AND PATIENT MONITORING IN MID-2018, FREEMAN HEALTH SYSTEM COLLABORATED WITH A GROUP KNOWN AS THE OZARKS HEALTH COMMISSION THAT INCLUDED OTHER HOSPITALS, PUBLIC HEALTH ENTITIES, AN D COMMUNITY LEADERS TO COORDIN</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4 | <p>ATE A REGIONAL HEALTH ASSESSMENT CONDUCTED EVERY THREE YEARS, THE COMMUNITY HEALTH NEEDS ASSESSMENT TAKES THE PULSE OF THE COMMUNITY AND GIVES PEOPLE THE OPPORTUNITY TO VOICE CONCERNS ABOUT HEALTH NEEDS AND HEALTHCARE ACCESS. THE SURVEY CONTAINED PLAIN LANGUAGE QUESTIONS (TO BE UNDERSTOOD BY THOSE WITH LOWER-LEVEL READING SKILLS) AND WAS AVAILABLE IN BOTH ENGLISH AND SPANISH. AFTER THE SURVEY INFORMATION WAS COLLECTED, FREEMAN HEALTH SYSTEM ANALYZED THE DATA THAT PERTAINED TO ITS SERVICE AREA AND FORMULATED A COMMUNITY HEALTH IMPROVEMENT PLAN FOR 2019-2021. FREEMAN'S COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIZED THESE HEALTH NEEDS: CANCER, DIABETES, HEART DISEASE, LUNG DISEASE, MENTAL HEALTH, AND HEALTHCARE WORKFORCE. THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES HAS DESIGNATED FREEMAN HEALTH SYSTEM AS A RURAL REFERRAL CENTER (RRC). THE RRC PROGRAM WAS ESTABLISHED BY CONGRESS TO SUPPORT HIGH-VOLUME RURAL HOSPITALS THAT TREAT A LARGE NUMBER OF COMPLICATED CASES AND FUNCTION AS REGIONAL REFERRAL CENTERS. TO BE CLASSIFIED AS AN RRC, A HOSPITAL MUST BE PHYSICALLY LOCATED IN A RURAL AREA AND EITHER HAVE AT LEAST 275 BEDS OR MEET CERTAIN DISCHARGE CRITERIA. ACCORDING TO THE RURAL REFERRAL CENTER AND SOLE COMMUNITY HOSPITAL COALITION, RRCs MINIMIZE THE NEED FOR FURTHER REFERRALS AND TRAVEL TO URBAN AREAS. THESE HOSPITALS ALSO COMMONLY ESTABLISH OUTREACH CLINICS TO PROVIDE PRIMARY AND SPECIALTY CARE SERVICES. FREEMAN HAS OUTREACH CLINICS IN SOUTHWEST MISSOURI, SOUTHEAST KANSAS, AND NORTHEAST OKLAHOMA.</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4A | <p>OUTPATIENT SERVICES EMERGENCY SERVICES THE EMERGENCY DEPARTMENT/TRAUMA CENTER AT FREEMAN HOSPITAL WEST TREATS APPROXIMATELY 45,000 PATIENTS EACH YEAR EMERGENCY ROOMS ROUTINELY DEAL WITH HOMELESS PATIENTS, MENTALLY ILL PATIENTS, AND PATIENTS UNDER THE INFLUENCE OF DRUGS FREEMAN PLACES MENTAL HEALTH COUNSELORS IN THE EMERGENCY ROOM ON AN AROUND-THE-CLOCK BASIS THESE COUNSELORS ARE AVAILABLE TO TALK WITH PATIENTS WHO SHOW SIGNS OF MENTAL HEALTH OR SUBSTANCE USE CONDITIONS AFTER THOROUGH EVALUATION, THE COUNSELORS OFFER RECOMMENDATIONS REGARDING FOLLOW-UP CARE RANGING FROM ASSESSMENT OF SUICIDALITY AND NEED FOR INPATIENT PSYCHIATRIC HOSPITALIZATION TO MAKING OUTPATIENT THERAPY APPOINTMENTS FOR PATIENTS BEFORE THEY LEAVE THE EMERGENCY ROOM IF EVALUATION MANDATES HOSPITALIZATION, COUNSELORS HELP FIND APPROPRIATE ACCOMMODATIONS AND TRANSPORTATION ON AVERAGE, COUNSELORS EVALUATE AND RECOMMEND TREATMENT FOR 54 PSYCHIATRIC PATIENTS EACH WEEK AS A RESULT OF THIS INTERVENTION, MANY PREVIOUS FREQUENT VISITORS TO THE EMERGENCY ROOM HAVE BEEN REDIRECTED TO APPROPRIATE PSYCHIATRIC OR SUBSTANCE USE PROGRAMS EVERY TWO MINUTES, SOMEWHERE IN AMERICA, SOMEONE IS SEXUALLY ASSAULTED FREEMAN DOCTORS AND NURSES OFFER COMPASSIONATE AND COMPREHENSIVE CARE TO VICTIMS OF SEXUAL ASSAULT IN THE EMERGENCY ROOM THROUGH THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM THE PROGRAM PROVIDES A COORDINATED HOSPITAL RESPONSE AND CONTINUUM OF CARE FOR VICTIMS OF SEXUAL VIOLENCE AND ENSURES A MEDICAL EVALUATION, STANDARDIZED FORENSIC EXAMINATION WITH EVIDENCE COLLECTION, AND EFFECTIVE INTERFACE WITH LAW ENFORCEMENT AND ADVOCACY SERVICES IT ALSO PROVIDES EDUCATION TO LOCAL COMMUNITIES ON SEXUAL VIOLENCE AWARENESS, PREVENTION, AND AVAILABLE SERVICES THE NURSE EXAMINER REPORTS THE CRIME AND/OR COLLECTS EVIDENCE OF THE SEXUAL ASSAULT ONLY AT THE VICTIMS REQUEST IN PARTNERSHIP WITH LAFAYETTE HOUSE, THE PROGRAM ALSO OFFERS EMERGENCY SHELTER AND SERVICES ON A RELATED NOTE, THE FREEMAN EMERGENCY ROOM DISPLAYS POSTERS IN CONSPICUOUS PLACES TO HELP HUMAN TRAFFICKING VICTIMS, IN ACCORDANCE WITH MISSOURI HOUSE BILL 1246 ADDITIONALLY, EMERGENCY DEPARTMENT NURSES HAVE BEEN EDUCATED ABOUT HUMAN TRAFFICKING, INCLUDING LEARNING HOW TO SPOT THE WARNING SIGNS AND APPROACH A SUSPECTED VICTIM THIS IS IMPORTANT BECAUSE NURSES ARE SOME OF THE FEW PROFESSIONALS WHO MIGHT INTERACT WITH HUMAN TRAFFICKING VICTIMS WHILE THEY ARE STILL IN CAPTIVITY, AND THIS TRAINING ENABLES NURSES HELP THE VICTIMS MANY PATIENTS, WHO DONT HAVE A PRIMARY CARE PHYSICIAN, TURN TO THE FREEMAN EMERGENCY ROOM FOR ROUTINE MEDICAL CARE WHILE FREEMAN TRIES TO EDUCATE THE COMMUNITY ON THE BENEFITS OF USING URGENT CARE CLINICS AND ESTABLISHING A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN, MANY PATIENTS STILL VISIT THE FREEMAN EMERGENCY ROOM FOR CARE OF COLDS, STOMACH ACHES, BUMPS, AND BRUISES THAT COULD BE MORE EFFICIENTLY TREATED IN OTHER VENUES THE COST OF PROVIDING TREATMENT IN THE EMERGENCY ROOM SETTING IS EXTREMELY EX</p> |

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| FORM 990,<br>PART III,<br>LINE 4A | <p>PENSIVE, AND MANY OF THE PATIENTS SEEKING EMERGENCY CARE HAVE NO INSURANCE AS A RESULT, FREEMAN HEALTH SYSTEM OFTEN HAS TO WRITE OFF THE COST OF EMERGENCY TREATMENT. WES &amp; JAN HOUSER WOMEN'S PAVILION FOR THOSE NEEDING A MAMMOGRAM, BONE DENSITY SCREENING, OR OTHER DIAGNOSTIC PROCEDURE, WES &amp; JAN HOUSER WOMEN'S PAVILION PROVIDES CARE IN A COMFORTABLE, SOOTHING, COMPASSIONATE, AND RESPECTFUL ATMOSPHERE. THE FREEMAN TEAM OF SURGEONS, RADIOLOGISTS, AND REGISTERED MAMMOGRAPHY TECHNOLOGISTS USE THE LATEST TECHNOLOGIES TO ENSURE PATIENTS RECEIVE THE BEST CARE, ADVICE, AND TREATMENT. WES &amp; JAN HOUSER WOMEN'S PAVILION IS DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR). BY AWARDING FACILITIES THE STATUS OF BREAST IMAGING CENTER OF EXCELLENCE, THE ACR RECOGNIZES BREAST IMAGING CENTERS THAT HAVE EARNED ACCREDITATION IN MAMMOGRAPHY, STEREOTACTIC BREAST BIOPSY, AND BREAST ULTRASOUND. MANY INDIVIDUALS WITHOUT INSURANCE CANNOT AFFORD A MAMMOGRAM OR RECOMMENDED SCREENINGS THROUGH THE FREEMAN HELPING FRIENDS MAMMOGRAM FUND. FREEMAN PROVIDED 86 FREE MAMMOGRAMS IN FY19 VALUED AT \$83,835 TO PATIENTS WHO HAD NO INSURANCE OR WERE UNDERINSURED. OUTPATIENT DIALYSIS: FREEMAN PROVIDES OUTPATIENT DIALYSIS SERVICES THROUGH TWO OUTPATIENT DIALYSIS CENTERS, ONE AT WEBB CITY NEIGHBORHOOD CARE AND ONE AT FREEMAN HOSPITAL EAST. FREEMAN OUTPATIENT DIALYSIS COMPLEMENTS KIDNEY TREATMENT SERVICES IN PLACE AT FREEMAN HOSPITAL WEST. FREEMAN OFFERS TREATMENTS AND SERVICES FOR PATIENTS WITH KIDNEY-RELATED DISEASES, INCLUDING HEMODIALYSIS, PERITONEAL DIALYSIS, NUTRITIONAL COUNSELING, EDUCATIONAL RESOURCES, SOCIAL SERVICES, AND TRANSPLANT REFERRAL. FREEMAN OUTPATIENT DIALYSIS FEATURES COMFORTABLE CHAIRS, A SAFE, PRIVATE ENVIRONMENT, STATE-OF-THE-ART DIALYSIS EQUIPMENT, AND INNOVATIVE TECHNOLOGY IN VASCULAR ACCESS GRAFTS. PATIENTS ALSO RELY ON THE CARING STAFF THAT INCLUDES A TEAM OF EXPERIENCED AND COMPASSIONATE NEPHROLOGISTS. TO FURTHER SUPPORT PATIENTS WITH CHRONIC KIDNEY DISEASE, FREEMAN HELD ITS FIFTH ANNUAL, ONE-MILE MARCH OF THE KIDNEY ON MARCH 9, 2019, AND GARNERED MORE THAN \$21,000 FOR THE FREEMAN DIALYSIS PATIENT FUND TO BENEFIT PATIENTS WITH CHRONIC KIDNEY DISEASE. THE ONE-MILE WALK RAISED FUNDS FOR DIALYSIS PATIENTS AND RAISED AWARENESS ABOUT KIDNEY DISEASE. MANY DIALYSIS PATIENTS UNDERGO TREATMENT FOR THREE TO FOUR HOURS, THREE TIMES A WEEK, WHICH CAN INTERFERE WITH THEIR ABILITY TO WORK AND PAY FOR MEDICAL EXPENSES, PROPER NUTRITION, AND TRANSPORTATION TO TRANSPLANT APPOINTMENTS. MONEY RAISED THROUGH MARCH OF THE KIDNEY GOES TO DIRECT PATIENT ASSISTANCE TO HELP OFFSET THOSE EXPENSES. ALSO FOR PATIENTS WITH KIDNEY DISEASE, FREEMAN HELD ITS ANNUAL PATIENT ENGAGEMENT DAYS SEPTEMBER 17-18, 2018, TO CELEBRATE DIALYSIS PATIENTS AND PROVIDE THEM WITH EDUCATION. THE FREE EVENT FEATURED FOOD, LIVE MUSIC, AND RESOURCE BOOTHS FOR PATIENTS WITH KIDNEY DISEASE WHO ARE UNDERGOING DIALYSIS TREATMENT AT FREEMAN. FREEMAN NEPHROLOGY &amp; DIALYSIS SERVES</p> |

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| FORM 990,<br>PART III,<br>LINE 4A | AN AVERAGE OF 100 PATIENTS A WEEK, MANY OF WHOM ARE VERY ILL AND WAITING FOR KIDNEY TRANSPLANTS |



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| FORM 990,<br>PART III,<br>LINE 4A | <p>OUTPATIENT SERVICES (CONTINUED) FREEMAN BARIATRIC CENTER FREEMAN BARIATRIC CENTER IS ACCREDITED AS A COMPREHENSIVE CENTER UNDER THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP), A JOINT PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY THE FIRST AND ONLY BARIATRIC PROGRAM IN THE AREA TO BE ACCREDITED, FREEMAN BARIATRIC CENTER MEETS THE HIGHEST STANDARDS FOR PATIENT SAFETY AND QUALITY OF CARE THIS ACCREDITATION SIGNIFIES THAT THE MEDICAL AND SURGICAL TEAMS THAT WORK WITH PATIENTS AFFECTED BY MORBID OBESITY ARE HIGHLY-TRAINED TO OFFER PERSONALIZED SERVICE AND STATE-OF-THE-ART CARE STUDIES SHOW PATIENTS HAVE BETTER WEIGHT-LOSS SURGERY OUTCOMES IN ACCREDITED BARIATRIC SURGICAL CENTERS, WHICH HAVE UNDERGONE AND PASSED RIGOROUS EVALUATION IN ACCORDANCE WITH NATIONALLY RECOGNIZED BARIATRIC SURGICAL STANDARDS ACCREDITED CENTERS ARE ALSO RECOGNIZED FOR MULTIDISCIPLINARY TEAMS WITH EXPERTS IN AREAS SUCH AS NUTRITION AND PSYCHOLOGY TO ENSURE A PATIENTS SUCCESS AFTER SURGERY FREEMAN BARIATRIC CENTER OFFERS FREE SEMINARS ON BARIATRIC WEIGHT-LOSS SURGERY THE SECOND AND FOURTH TUESDAY OF EACH MONTH SPINAL CARE SERVICES FREEMAN NEUROSPINE BEGAN OFFERING COMPREHENSIVE SPINAL CARE SERVICES FOR PATIENTS WITH CHRONIC BACK OR NECK PAIN, ESPECIALLY THOSE WHO HAVE NOT FOUND RELIEF THROUGH OTHER TREATMENTS THE FIRST AND ONLY SERVICE OF ITS KIND IN THE AREA, IT UTILIZES A COLLABORATIVE APPROACH TO ADDRESS A PATIENTS TOTAL NEEDS, FROM PHYSICAL TO EMOTIONAL THIS NEW SERVICE DRAWS UPON THE EXPERTISE OF AN INTERDISCIPLINARY TEAM OF SPECIALISTS IN NECK AND BACK PROBLEMS, FROM PHYSICIANS, NEUROSURGICAL NURSE PRACTITIONERS, PHYSICAL THERAPISTS, COUNSELORS, AND OTHER HIGHLY TRAINED SPINE CARE PROFESSIONALS TOGETHER, THE TEAM DEVELOPS A COMPREHENSIVE, INDIVIDUALIZED TREATMENT PLAN FOR EACH PATIENT PEDIATRIC SPECIALTY CARE FREEMAN HEALTH SYSTEM PARTNERS WITH CHILDRENS MERCY TO ENHANCE CARE FOR CHILDREN IN THE FOUR-STATE AREA AS PART OF THIS COLLABORATION, CHILDRENS MERCY OPENED A PERMANENT LOCATION WITH SEVERAL SPECIALTY CLINICS IN JOPLIN NEAR THE CAMPUS OF FREEMAN HOSPITAL WEST THESE NEW JOPLIN CLINICS, KNOWN AS CHILDRENS KANSAS CITY, ARE AN EXTENSION OF CHILDRENS MERCY, A NATIONALLY RANKED PEDIATRIC MEDICAL CENTER IN KANSAS CITY, WITH FULL SUPPORT OF ITS 600 PEDIATRIC SPECIALISTS PEDIATRIC SPECIALTIES OFFERED AT THE CLINIC INCLUDE CARDIOLOGY, ENDOCRINOLOGY/DIABETES, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, NEPHROLOGY, RHEUMATOLOGY AND MORE CONVENIENT ACCESS TO THIS CALIBER OF PEDIATRIC SPECIALTY CARE NOT ONLY IMPROVES OUTCOMES FOR PEDIATRIC PATIENTS IT ALSO SAVES FAMILIES THE EXPENSE AND TIME INVOLVED WITH DRIVING TO KANSAS CITY FOR CLINIC APPOINTMENTS SCHOOL-BASED MEDICINE FREEMAN HEALTH SYSTEM HAS ENTERED INTO A SCHOOL-BASED MEDICINE PARTNERSHIPS WITH THE CARL JUNCTION SCHOOLS, NEOSHO SCHOOLS, SENECA SCHOOLS, AND MCDONALD COUNTY SCHOOLS TO CREATE GREATER ACCESS TO H</p> |

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| FORM 990,<br>PART III,<br>LINE 4A | <p>HEALTHCARE FOR STUDENTS AND FACULTY ALIKE INCREASED ACCESS TO MEDICAL SERVICES RESULTS IN NOT ONLY AN ENVIRONMENT OF WELLNESS FOR THE SCHOOL, BUT ALSO FOR THE ENTIRE COMMUNITY. ANOTHER BENEFIT OF SCHOOL-BASED MEDICINE IS THAT IT DECREASES TIME LOST FROM THE CLASSROOM FOR STUDENTS AND FACULTY NEEDING MEDICAL ATTENTION. ADDITIONALLY, THIS PROGRAM CAN SAVE PARENTS FROM HAVING TO MISS AS MUCH AS A HALF-DAY'S WORK TO TAKE THEIR CHILDREN TO A MEDICAL CLINIC OR DOCTOR'S OFFICE. HOME CARE FREEMAN HOME CARE HAS EARNED HOMECARE ELITE STATUS 10 TIMES OVER THE PAST SEVERAL YEARS. HOMECARE ELITE IDENTIFIES THE TOP 25 PERCENT OF MEDICARE-CERTIFIED AGENCIES AND HIGHLIGHTS THE TOP 100 AND 500 OVERALL. TO MAKE THE LIST, HOME CARE PROVIDERS ARE JUDGED ON QUALITY OF CARE, QUALITY IMPROVEMENT, PATIENT EXPERIENCE, BEST PRACTICES IMPLEMENTATION, AND FINANCIAL MANAGEMENT. FREEMAN HOME CARE HAS PROVIDED PERSONALIZED HOME MEDICAL CARE FOR MORE THAN 30 YEARS. TRAINED, CPR-CERTIFIED PROFESSIONALS, INCLUDING NURSES, THERAPISTS, PERSONAL CARE AIDES AND SOCIAL WORKERS, WORK CLOSELY WITH PATIENTS, FAMILIES, AND PHYSICIANS TO DEVELOP INDIVIDUALIZED CARE PLANS TO BEST MEET THE PATIENT'S NEEDS. STAFF ALSO PROVIDE INFUSION THERAPY, WOUND VAC (VACUUM-ASSISTED CLOSURE) THERAPY, TOTAL PARENTERAL NUTRITION (INTRAVENOUS FEEDING), POST-OPERATIVE CARE, MEDICATION MANAGEMENT, CATHETER CARE, AND CARDIOPULMONARY DISEASE MANAGEMENT. FREEMAN HOME CARE SERVES JASPER, NEWTON, McDONALD, LAWRENCE, AND BARRY COUNTIES IN MISSOURI. IN KANSAS, FREEMAN HOME CARE SERVES CHEROKEE COUNTY AND PARTS OF CRAWFORD COUNTY. SPECIALIZED OSTEOPOROSIS SERVICES IN EARLY 2018, FREEMAN DIABETES &amp; ENDOCRINOLOGY INSTITUTE BEGAN OFFERING COMPREHENSIVE SPECIALTY SERVICES TO DIAGNOSE, TREAT, AND PREVENT OSTEOPOROSIS. FREEMAN EXPERTS UTILIZE STATE-OF-THE-ART DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) SCANNERS FOR SPINE, HIP, AND FOREARM SCANS, AS WELL AS ULTRASOUND SCANNERS FOR HEEL BONE MEASUREMENTS. THIS TECHNOLOGY ENABLES PHYSICIANS TO QUICKLY, EASILY, AND PAINLESSLY DIAGNOSE OSTEOPOROSIS IN ITS EARLY STAGES TO ASSESS AN INDIVIDUAL'S RISK OF DEVELOPING FRACTURES. MANY HEALTH PROBLEMS INCREASE AN INDIVIDUAL'S RISK FOR OSTEOPOROSIS, INCLUDING LUPUS, LEUKEMIA AND LYMPHOMA, DIABETES, HYPERTHYROIDISM, AND CHRONIC KIDNEY DISEASE. WITH EARLY DETECTION AND INDIVIDUALIZED TREATMENT PLANS, MANY OSTEOPOROSIS PATIENTS CAN ENJOY AND MAINTAIN ACTIVE, HEALTHY LIFESTYLES. DIABETES EDUCATION: FREEMAN DIABETES EDUCATORS HELP INDIVIDUALS LEARN TO MANAGE AND LIVE WITH THE DISEASE. FREEMAN'S TEAM OF PROFESSIONAL DIABETES EDUCATORS INCLUDE REGISTERED DIETITIANS AND A REGISTERED NURSE. FREEMAN IS THE ONLY LOCAL HOSPITAL WITH DIABETES EDUCATORS WHO ARE CERTIFIED THROUGH THE NATIONAL CERTIFICATION BOARD OF DIABETES EDUCATORS AND CERTIFIED INSULIN PUMP TRAINERS. FREEMAN'S DIABETES EDUCATION PROGRAM INCLUDES A ONE-ON-ONE INTERVIEW, COMPREHENSIVE CLASSES, AND INDIVIDUALIZED COUNSELING. FREEMAN HELD ITS 10TH ANNUAL DIABETES EXPO IN NOVEMBER 2018 TO HELP INDIVIDUALS</p> |

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| FORM 990,<br>PART III,<br>LINE 4A | DUALS TAKE CONTROL AND MANAGE DIABETES THE FREE EVENT FEATURED A Q&A WITH FREEMAN ENDOCRINOLOGISTS, A DIABETES-FRIENDLY COOKING DEMONSTRATION, AND MORE ATTENDEES HAD THE OPPORTUNITY TO SEE THE LATEST INSULIN PUMPS, GLUCOSE MONITORING SYSTEMS, AND OTHER PRODUCTS FREEMAN FIRST CARE TO HELP TAKE CARE OF EVERYDAY OR ACUTE HEALTHCARE NEEDS, FREEMAN HEALTH SYSTEM OPENED FREEMAN FIRST CARE IN JOPLIN FREEMAN FIRST CARE HELPS THOSE WHO ARE NEW TO THE AREA OR THOSE WITHOUT A HEALTHCARE PROVIDER GET ESTABLISHED WITH A PRIMARY CARE PROVIDER AND CAN ASSIST WITH REFERRALS TO SPECIALISTS AS NEEDED THIS SERVICE ALSO SERVES THOSE WHO ARE HAVING DIFFICULTIES GETTING A TIMELY APPOINTMENT WITH THEIR CURRENT PROVIDER STAFFED BY A BOARD-CERTIFIED PHYSICIAN AND NURSE PRACTITIONER, FREEMAN FIRST CARE ALSO OFFERS TREATMENT FOR COLDS AND NON-WORK RELATED INJURIES, BASIC HEALTH TESTS, AND ANNUAL WELLNESS EXAMS |

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| FORM 990,<br>PART III,<br>LINE 4B | <p>INPATIENT SERVICES FREEMAN JOPLIN INPATIENT SERVICES TOTALED 19,916 CASES, OF WHICH, 3,868 OR 19%, WERE MEDICAID CASES. ADDITIONALLY, 1,970 INPATIENT CASES, OR 10% OF THE TOTAL, FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. CRITICAL CARE PATIENTS RELY ON THE INTENSIVE CARE UNIT (ICU) FOR LIFESAVING TREATMENT. IN THE ICU, PHYSICIANS LEAD CRITICAL CARE SERVICES AND OVERSEE THE CARE OF CRITICALLY ILL PATIENTS. FREEMAN'S SPECIALIZED TEAM OF CRITICAL CARE PHYSICIANS, NURSES, AND RESPIRATORY THERAPISTS PROVIDES EXCEPTIONAL CARE IN THE STATE-OF-THE-ART, 33-BED ICU, AND 7-BED CARDIOVASCULAR INTENSIVE CARE UNIT. ADDITIONALLY, FREEMAN HOSPITAL WEST OFFERS A TRANSITIONAL CARE UNIT (TCU) FOR PATIENTS WHO ARE STILL TOO ILL FOR THE MEDICAL FLOOR BUT HAVE PROGRESSED TO THE POINT WHERE THEY NO LONGER NEED THE LEVEL OF CARE PROVIDED IN THE ICU. FREEMAN JOPLIN CRITICAL CARE SERVICES TOTALED 3,861 CASES, OF WHICH, 360, OR 9%, WERE MEDICAID CASES. ADDITIONALLY, 8% OF THE CRITICAL CARE CASES FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. HEART CARE FREEMAN HEART &amp; VASCULAR INSTITUTE OFFERS RAPID, EXPERT CARE WHEN PATIENTS NEED IT THE MOST. RECOGNIZED BY ANTHEM BLUE CROSS AND BLUE SHIELD IN MISSOURI AS A BLUE DISTINCTION CENTER+ FOR CARDIAC CARE, FREEMAN HEART &amp; VASCULAR INSTITUTE PROVIDES ALL CARDIAC SERVICES IN ONE CONVENIENT LOCATION. SERVICES INCLUDE PREVENTIVE CARE, EMERGENCY INTERVENTIONS, DIAGNOSTICS, OPEN-HEART SURGERIES, STRUCTURAL HEART CLINIC, REHABILITATION, CARDIOLOGY CLINICS, AND EDUCATION. FREEMAN BEGAN OFFERING STRUCTURAL HEART PROCEDURES IN THE FIRST QUARTER OF FY18. CARDIOTHORACIC SURGEONS AND CARDIOLOGISTS AT FREEMAN HEART &amp; VASCULAR INSTITUTE WERE THE FIRST IN THE AREA TO PERFORM THE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PROCEDURE. THIS MINIMALLY INVASIVE TECHNIQUE GIVES HOPE TO PATIENTS WHO SUFFER FROM SEVERE AORTIC STENOSIS BUT ARE TOO FRAIL FOR COMPLEX OPEN HEART SURGERY. FREEMAN HEART &amp; VASCULAR INSTITUTE FREEMAN HEALTH SYSTEM OPENED FREEMAN HEART &amp; VASCULAR INSTITUTE IN 1999 AND HAS BEEN A LEADER IN HEART CARE EVER SINCE. SERVING AN AREA THAT INCLUDES CORNERS OF FOUR STATES, FREEMAN HEART &amp; VASCULAR INSTITUTE BRINGS LIFESAVING DIAGNOSTICS AND TREATMENT TO PEOPLE WHERE THEY LIVE, ENABLING THEM TO RECEIVE ESSENTIAL, HIGH-QUALITY HEART CARE WITHOUT THE BURDEN OF TRAVELING TO LARGER METROPOLITAN AREAS. FREEMAN HEART &amp; VASCULAR INSTITUTE HAS A PROVEN TRACK RECORD OF SHAVING MINUTES OFF THE TIME IT TAKES TO RESTORE BLOOD FLOW AND SAVE PRECIOUS HEART MUSCLE DURING MYOCARDIAL INFARCTION. IN FACT, THE FREEMAN TEAM BEATS NATIONAL DOOR-TO-BALLOON STANDARDS BY MORE THAN 40 PERCENT (NATIONAL STANDARD 90 MINUTES, FREEMAN 44 MINUTES). AFTER A HEART ATTACK, BLOOD FLOW STOPS. THE SOONER DOCTORS RESTORE BLOOD FLOW THE BETTER. TIME IS MUSCLE AND EVERY WASTED MINUTE CAUSES PERMANENT HEART DAMAGE. FREEMAN HEART &amp; VASCULAR INSTITUTE OFFERS RAPID, EXPERT CARE WHEN PATIENTS NEED IT THE MOST. FREEMAN HEART &amp; VASCULAR INSTITUTE PROVIDES ALL CARDIAC SERVICE.</p> |

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| FORM 990,<br>PART III,<br>LINE 4B | <p>S IN ONE CONVENIENT LOCATION, INCLUDING PREVENTIVE CARE, EMERGENCY INTERVENTIONS, DIAGNOSTIC, OPEN-HEART SURGERIES, STRUCTURAL HEART CLINIC, REHABILITATION, CARDIOLOGIST AND CARDIOLOGY CLINICS, EDUCATION, AND MORE. THE FACILITY, A THREE-STORY WING ADJACENT TO FREEMAN HOSPITAL WEST, INCLUDES CARDIOLOGIST AND CARDIOTHORACIC SURGEON OFFICES, THREE STATE-OF-THE-ART OPERATING SUITES AND FOUR CARDIOVASCULAR CATHETERIZATION LABS. IT ALSO INCLUDES A CARDIOPULMONARY REHABILITATION UNIT THAT IMPROVES A PATIENT'S ABILITY TO PERFORM THE NORMAL ACTIVITIES OF DAILY LIVING BY TEACHING TECHNIQUES FOR DEALING WITH CHEST PAIN AND SHORTNESS OF BREATH, EATING HABITS, CHOLESTEROL LEVELS, AND WEIGHT LOSS. FREEMAN'S REHABILITATION PROGRAM PROVIDES A COMFORTABLE AND FAMILIAR ENVIRONMENT FOR RECOVERY. PATIENTS RELY ON FREEMAN HEART &amp; VASCULAR INSTITUTE FOR A VARIETY OF NONINVASIVE TESTS TO DIAGNOSE HEART DISEASE AND OTHER CONDITIONS. ADDITIONALLY, FREEMAN SERVES PATIENTS WITH HEART PROBLEMS WHEN THEY NEED HELP THE MOST. FREEMAN OFFERS THE LATEST NON-INVASIVE TREATMENTS AND OPEN-HEART SURGERIES. THESE INCLUDE THE ROSS PROCEDURE, STENT PLACEMENT, BYPASS SURGERY, KEYHOLE SURGERY, CARDIAC VALVE REPLACEMENT AND REPAIR, CRYOABLATION MAZE PROCEDURE, PERCUTANEOUS PERIPHERAL VASCULAR INTERVENTION, VIDEO-ASSISTED THORACOSCOPY, AORTIC DISSECTION, AND MANY OTHER LIFE-SAVING PROCEDURES. LEVEL I STEMI CENTER: THE QUALITY OF HEALTHCARE IN THE AREA IMPROVED DRASTICALLY WITH FREEMAN'S DESIGNATION AS A LEVEL I STEMI CENTER, THE HIGHEST LEVEL POSSIBLE. STEMI IS AN ST ELEVATION MYOCARDIAL INFARCTION, THE DEADLIEST TYPE OF HEART ATTACK. THIS TYPE OF HEART ATTACK IS CAUSED BY A BLOCKAGE OF BLOOD FLOW TO THE HEART AND REQUIRES TIMELY TREATMENT. THIS INTEGRATED AND COORDINATED APPROACH HELPS A GREATER NUMBER OF PEOPLE SURVIVE AND RECOVER FROM A HEART ATTACK. TO EARN THE LEVEL I STEMI CENTER DESIGNATION, FREEMAN COMPLETED AN EXTENSIVE AND DETAILED CERTIFICATION PROCESS THAT INCLUDED PARAMEDICS, NURSING STAFF, PHYSICIANS, CARDIOLOGISTS, CARDIOTHORACIC SURGEONS, SYSTEM QUALITY ANALYSTS, AND ADMINISTRATION. THE HOSPITAL HAD TO DEMONSTRATE NOT ONLY THAT IT HAS THE PROVIDERS AND RESOURCES NEEDED TO TREAT STEMI PATIENTS, BUT THAT ITS PHYSICIANS AND STAFF HAVE MET AND WILL CONTINUE TO MEET STRICT STANDARDS OF EDUCATION AND DEMONSTRATE PROFICIENCY IN THE LATEST PROVEN STEMI TREATMENTS. THE LEVEL I STEMI CENTER DESIGNATION IS PART OF THE STATE'S TIME CRITICAL DIAGNOSIS SYSTEM, WHICH IDENTIFIES HOSPITALS SPECIALLY EQUIPPED TO TREAT STEMI, STROKE, AND TRAUMA PATIENTS AND IMPROVES BOTH THE SPEED AND QUALITY OF CARE. THE SYSTEM COORDINATES THE 911 RESPONSE SYSTEM, AMBULANCE SERVICES, AND HOSPITALS IN A COMPREHENSIVE, INTEGRATED APPROACH WHEN TREATING HEART ATTACKS, THE MOST IMPORTANT CARE DECISIONS NEED TO TAKE PLACE BEFORE THE PATIENT ARRIVES AT THE HOSPITAL. EVERY SECOND COUNTS WHEN IT COMES TO SALVAGING HEART MUSCLE AND SAVING LIVES. PARTICIPATION IN THE NEW SYSTEM IS VOLUNTARY FOR HOSPITALS. IN ADDITION TO</p> |

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| FORM 990,<br>PART III,<br>LINE 4B | <p>PROVIDING OUTSTANDING PATIENT CARE, LEVEL I STEMI CENTERS MUST ALSO PROVIDE COMMUNITY EDUCATION COMPLIANCE WITH STATE STANDARDS REQUIRES A STEMI CENTER TO PLACE EMPHASIS ON EDUCATING HEALTHCARE WORKERS AND THE PUBLIC ABOUT RECOGNITION, PREVENTION, AND TREATMENT OF STEMI FREEMAN HEALTHCARE PROFESSIONALS HAVE PRESENTED PROGRAMS ON STEMI IN BUSINESSES THROUGHOUT THE AREA THROUGH PROGRAMS LIKE FREEMAN SCREEN TEAM, FREEMAN ADVANTAGE, AND SUPPORT GROUPS, FREEMAN CONTINUES TO LEAD THE WAY IN EMPOWERING THE PUBLIC WITH LIFE- SAVING INFORMATION WITH THE LEVEL I STEMI CENTER DESIGNATION, FREEMAN IS SETTING THE STANDARD FOR EXCELLENCE IN HEART CARE THROUGHOUT THE AREA</p> <p>DIAGNOSIS AND TESTING THE CARDIOLOGISTS AT FREEMAN HEART &amp; VASCULAR INSTITUTE USE A VARIETY OF NONINVASIVE TESTS TO DIAGNOSE HEART DISEASE AND CONDITIONS SUCH AS ANGINA (CHEST PAIN) THESE TESTS INCLUDE STATE-OF-THE-ART ECHOCARDIOGRAPHY, CONTRAST ECHO, AND REGULAR TREADMILL, STRESS ECHO, DOBUTAMINE STRESS ECHO, AND NUCLEAR MEDICINE STRESS TESTS ADDITIONALLY, FREEMAN OFFERS COMPUTED TOMOGRAPHY (CT) AND POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET) IMAGING FREEMAN'S NONINVASIVE DIAGNOSTIC LAB FOR VASCULAR TESTING IS STAFFED BY REGISTERED VASCULAR TECHNOLOGY SPECIALISTS, AND IT USES STATE-OF-THE-ART ULTRASOUND EQUIPMENT TESTS INCLUDE CEREBRAL VASCULAR TESTING, PERIPHERAL ARTERIAL TESTING, PERIPHERAL VENOUS TESTING, AND ABDOMINAL DOPPLER EXAMS</p> |

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| Return<br>Reference               | Explanation   |
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| FORM 990,<br>PART III,<br>LINE 4B | <p>INPATIENT SERVICES (CONTINUED) HYBRID CVOR AND STRUCTURAL HEART PROGRAM IN LATE 2016, FREEMAN HEALTH SYSTEM COMPLETED UPGRADES TO ITS STATE-OF-THE-ART HYBRID CARDIOVASCULAR OPERATING ROOM (CVOR) AT FREEMAN HEART &amp; VASCULAR INSTITUTE. THIS UPGRADE GAVE FREEMAN MAXIMUM FLEXIBILITY TO USE THE TREATMENTS MOST APPROPRIATE FOR EACH PATIENT, INCLUDING STRUCTURAL HEART PROCEDURES. THIS NEW SET-UP ENABLED PHYSICIANS FROM DIFFERENT DISCIPLINES TO MERGE THEIR EXPERTISE IN ONE ROOM FOR THE BENEFIT OF THE PATIENT. FOR INSTANCE, TWO TEAMS-THE CARDIOTHORACIC SURGEONS TEAM AND THE CARDIOLOGISTS TEAM, CAN WORK AS ONE TO ACHIEVE OPTIMAL RESULTS WHILE IMPROVING PATIENT CARE AND EFFICIENCY. ACCESS TO MINIMALLY INVASIVE PROCEDURES AND COMPLEX PROCEDURES, ALONG WITH ACCURACY, ARE KEY IN SUCCESSFUL CARDIAC OUTCOMES. IN ITS HYBRID CVOR, FREEMAN USES A BEST-IN-CLASS CARDIOVASCULAR X-RAY IMAGING SYSTEM WITH THE FLEXIBILITY AND PERFORMANCE TO MEET ANY PATIENT'S NEED. THIS SYSTEM PRODUCES PRECISE, HIGH-RESOLUTION IMAGES THAT ENABLE THE HEART-CARE TEAM TO PERFORM PROCEDURES USUALLY FOUND AT CARDIAC CENTERS IN UNIVERSITY HOSPITAL SETTINGS. THE SYSTEMS DESIGN OFFERS CONFORMITY TO ANY PATIENT, ALLOWING FOR OPTIMAL ANGLATIONS, STREAMLINED POSITIONING, AND CUSTOMIZABLE CONFIGURATION. IN ADDITION, ERGONOMIC ENHANCEMENTS IMPROVE CLINICIAN SPEED AND PRECISION WHILE REDUCING THE POTENTIAL FOR STRAIN AND INJURY. THE SYSTEM ALSO INCLUDES A FULL SUITE OF DOSE MANAGEMENT OPTIMIZATION TOOLS TO FACILITATE SAFER EXAMS FOR BOTH THE PATIENT AND THE PHYSICIAN. HAVING THE ABILITY TO PERFORM SIMULTANEOUS IMAGING STUDIES AND INTERVENTIONS IN A CVOR ELIMINATES THE NEED TO MOVE PATIENTS DURING A PROCEDURE AND POTENTIALLY REDUCES THE RISK OF INFECTION. PATIENTS ALSO BENEFIT FROM SHORTER PROCEDURE TIMES. BY COMBINING FIRST-RATE IMAGING CAPABILITIES WITHIN AN ADVANCED OPERATING SUITE, FREEMAN CARDIOTHORACIC SURGEONS HAVE FLEXIBILITY IN REAL TIME TO DO WHAT'S BEST FOR THE PATIENT. THIS INNOVATIVE ENVIRONMENT ALSO PROVIDES THE POTENTIAL TO REVOLUTIONIZE THE WAY FREEMAN TREATS PATIENTS BY INTEGRATING TRADITIONAL CARDIAC SURGERY WITH ENDOVASCULAR SURGERY TECHNIQUES AND TECHNOLOGY, FURTHER BRIDGING THE BEST OF TODAY WITH THE LATEST ADVANCES OF THE FUTURE. CARDIOTHORACIC SURGEONS AND CARDIOLOGISTS AT FREEMAN HEART &amp; VASCULAR INSTITUTE ARE THE FIRST AND ONLY IN THE AREA TO PERFORM THE TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PROCEDURE. THIS MINIMALLY INVASIVE TECHNIQUE GIVES HOPE TO PATIENTS WHO SUFFER FROM SEVERE AORTIC STENOSIS, BUT WHO ARE TOO FRAGILE FOR OPEN HEART SURGERY. TAVR IS APPROVED BY THE FOOD AND DRUG ADMINISTRATION FOR INDIVIDUALS WITH AORTIC STENOSIS WHO ARE CONSIDERED INTERMEDIATE OR HIGH RISK FOR STANDARD VALVE REPLACEMENT SURGERY. UNTREATED, AORTIC STENOSIS CAN BE LIFE-THREATENING. THIS CONDITION OCCURS WHEN CALCIUM DEPOSITS NARROW AND STIFFEN THE HEART VALVE. IN THE SUMMER OF 2018, FREEMAN HEART &amp; VASCULAR INSTITUTE CELEBRATED ONE YEAR OF TAVR PROCEDURES. IN ITS FIRST YEAR, FREEMAN'S</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation  |
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| FORM 990,<br>PART III,<br>LINE 4B | <p>TAVR TEAM COMPLETED MORE THAN 50 LIFE-SAVING PROCEDURES BECAUSE OF TAVR, PATIENTS WERE AB LE TO ENJOY AN IMPROVED QUALITY OF LIFE CLINICAL TRIALS RESEARCH IS AN INTEGRAL PART OF T HE FREEMAN HEART AND VASCULAR PROGRAM FREEMAN HEARTH &amp; VASCULAR INSTITUTE PARTICIPATES IN MANY NATIONAL STUDIES OF CARDIOVASCULAR TREATMENT FROM TIME TO TIME, PATIENTS MAY BE OFF ERED THE OPPORTUNITY TO PARTICIPATE IN CLINICAL TRIALS HEARTWISE PATIENTS OFTEN FEEL ALAR MED TO LEARN THEY HAVE A CHRONIC CARDIAC CONDITION ALTHOUGH RECEIVING THIS DIAGNOSIS CAN BE FRIGHTENING, IT IS TREATABLE WHILE THE HEART NO LONGER WORKS AS WELL AS IT SHOULD, MAN Y PEOPLE LIVE WITH THIS CONDITION WITHOUT EVER SUFFERING A HEART ATTACK WITH THE RIGHT TE AM IN PLACE, THE RIGHT MEDICATIONS AND DEVICES PRESCRIBED AS NEEDED, AND THE RIGHT LIFESTY LE CHANGES, PATIENTS CAN ENJOY A HEALTHY, HAPPY LIFE THATS WHERE HEARTWISE, AN INITIATIVE FOCUSED ON EMPOWERING PATIENTS TO BETTER MANAGE THEIR CHRONIC CARDIAC CONDITIONS, CAN HEL P FREEMAN HAS BEEN RECOGNIZED AS AN ANTHEM BLUE CROSS AND BLUE SHIELD, BLUE DISTINCTION C ENTER+ FOR CARDIAC CARE ADDITIONALLY, FREEMAN WAS AWARDED SEVERAL AWARDS FOR CARDIAC CARE BY CARECHEX, A QUALITY RATING ORGANIZATION THESE INCLUDED - 2019 CARECHEX MEDICAL EXCEL LENCE AWARD, INTERVENTIONAL CAROTID CARE TOP 100 IN NATION (PINPOINTED MEDICAL EXCELLENCE RANKING #11 IN NATION) - 2019 CARECHEX MEDICAL EXCELLENCE AWARD, INTERVENTIONAL CAROTID CARE #1 IN STATE - 2019 CARECHEX MEDICAL EXCELLENCE AWARD, INTERVENTIONAL CAROTID CARE # 1 IN MARKET - 2019 CARECHEX SAFETY AWARD, INTERVENTIONAL CAROTID CARE TOP 100 IN NATION ( PINPOINTED SAFETY RANKING #32 IN NATION) - 2019 CARECHEX SAFETY AWARD, INTERVENTIONAL CAR OTID CARE #1 IN STATE - 2019 CARECHEX SAFETY AWARD, INTERVENTIONAL CAROTID CARE #1 IN MA RKET - 2019 CARECHEX SAFETY AWARD, HEART ATTACK TREATMENT #1 IN MARKET COMMUNITY SERVICE TO IMPROVE HEART CARE FOR THE COMMUNITIES IT SERVES, FREEMAN HEALTH SYSTEM PARTICIPATES IN "GUARDIANS OF THE HEART," A TWO-DAY CONFERENCE ON CARDIOLOGY HOSTED BY THE QUAPAW TRIBE FIRE/EMS FREEMAN OFTEN PROVIDES SPEAKERS FOR THIS ANNUAL CONFERENCE FREEMAN ADVANTAGE, FR EEMANS LIFESTYLE AND WELLNESS PROGRAM FOR OLDER ADULTS, FEATURED DR FRANK KIM, FREEMAN IN TERVENTIONAL CARDIOLOGIST, IN FEBRUARY 2019 HIS PRESENTATION FOCUSED ON THE LATEST IN CAR DIAC CARE AND WAYS TO KEEP THE HEART PUMPING AND HEALTHY AS PEOPLE GET OLDER</p> |



# 990 Schedule O, Supplemental Information

| Return Reference            | Explanation  |
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| FORM 990, PART III, LINE 4B | <p>INPATIENT SERVICES (CONTINUED) STROKE CARE FREEMAN HEALTH SYSTEM WAS THE FIRST HOSPITAL IN AN 80-MILE RADIUS TO BE DESIGNATED AS A LEVEL II STROKE CENTER BY THE MISSOURI DEPARTMENT OF HEALTH &amp; SENIOR SERVICES. THIS CERTIFICATION MEANS THE STATE HAS VERIFIED THAT FREEMAN IS ABLE TO PROVIDE THE HIGHEST LEVEL OF EXPERT CARE TO PATIENTS WHO HAVE EXPERIENCED STROKE OR A TIA. WHEN STROKE OCCURS, EVERY MINUTE MATTERS AND QUALITY OF CARE IS VITAL. TIMELY TREATMENT CAN MEAN THE DIFFERENCE BETWEEN RETURNING TO WORK OR BECOMING PERMANENTLY DISABLED, LIVING AT HOME OR LIVING IN A NURSING HOME. THE STATE OF MISSOURI CREATED THE TIME CRITICAL DIAGNOSIS SYSTEM TO COORDINATE 911, EMERGENCY RESPONSE, AND HOSPITALS TO IMPROVE BOTH THE SPEED AND QUALITY OF CARE TO STROKE PATIENTS. FREEMAN OFFERS A FREE ONLINE STROKE ASSESSMENT TO HELP PEOPLE LEARN ABOUT THEIR RISK OF STROKE. BECAUSE ANYONE CAN SUFFER A STROKE, PUBLIC EDUCATION IS VITAL. FREEMAN PROVIDES FREE STROKE PRESENTATIONS TO AREA BUSINESSES AND ORGANIZATIONS. NEUROSCIENCES FREEMAN NEUROSPINE PROVIDES SURGICAL AND NONSURGICAL TREATMENTS FOR CONDITIONS RANGING FROM BACK PAIN, WORK-RELATED INJURIES, AND CARPAL TUNNEL SYNDROME TO STROKE AND COMPLEX SPINAL DISEASES. FREEMAN'S EXPERT, MULTIDISCIPLINARY TEAM INCLUDES NEUROSURGEONS, NEUROLOGISTS, REHABILITATION SPECIALISTS, SURGICAL ASSISTANTS, PHYSICAL THERAPISTS, MASSAGE THERAPISTS, AND ATHLETIC TRAINERS. ANTHEM BLUE CROSS BLUE SHIELD OF MISSOURI NAMED FREEMAN HEALTH SYSTEM AS A BLUE DISTINCTION CENTER FOR SPINE SURGERY. HOSPITALS DESIGNATED AS BLUE DISTINCTION CENTERS FOR SPINE SURGERY DEMONSTRATE EXPERTISE IN CERVICAL AND LUMBAR FUSION, CERVICAL LAMINECTOMY, AND LUMBAR LAMINECTOMY/DISCECTOMY PROCEDURES, WITH FEWER PATIENT COMPLICATIONS AND HOSPITAL READMISSIONS COMPARED TO THEIR PEERS. NEUROLOGICAL SURGEONS AT FREEMAN HAVE ACCESS TO ADVANCED TOOLS IN THE OR, INCLUDING THE O-ARM IMAGING SYSTEM. WITH THE O-ARM, NEUROSURGEONS GET CAT SCAN IMAGES IN THE OPERATING ROOM THAT PROVIDE VERY ACCURATE, DETAILED INFORMATION ABOUT THE SPINE. THE O-ARM PROVIDES A 360-DEGREE PICTURE OF A COMPLEX STRUCTURE. A LOT OF TIMES, SURGEONS HAVE TO PUT COMPLICATED INSTRUMENTATION INTO THE SPINE AND SECURE THE SPINE IN CERTAIN POSITIONS. THE O-ARM ALLOWS THEM TO DO THAT WITH GREAT ACCURACY. WITHOUT THIS TECHNOLOGY, SOME SURGERIES WOULD BE MUCH MORE DANGEROUS. FREEMAN PEDIATRIC UNIT THE FREEMAN PEDIATRIC UNIT PROVIDES CARE TO CHILDREN FROM BIRTH TO AGE 18 AND WORKS WITH FAMILIES TO MAKE THEIR CHILDREN'S HOSPITALIZATION LESS TRAUMATIC BY ENCOURAGING PARENTAL INVOLVEMENT. CHAIR BEDS IN EACH ROOM, AS WELL AS MEAL TRAYS FOR PARENTS, ENABLE FAMILIES TO REMAIN TOGETHER DURING DIFFICULT TIMES. EACH ROOM HAS A TV, AND VIDEOS AND VIDEO GAMES ARE AVAILABLE UPON REQUEST. THE UNIT INCLUDES A BRIGHTLY DECORATED EXAMINATION ROOM AND A PLAYROOM FILLED WITH BOOKS AND TOYS. FREEMAN JOPLIN INPATIENT PEDIATRIC SERVICES TOTALLED 224 CASES, OF WHICH, 136, OR 61%, WERE MEDICAL CASES. ADDITIONALLY, 4% OF T</p> |

# 990 Schedule O, Supplemental Information

| Return Reference                  | Explanation   |
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| FORM 990,<br>PART III,<br>LINE 4B | <p>HE PEDIATRIC INPATIENT CASES FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. MATERNITY SERVICES DESIGNED TO GIVE NEW MOTHERS AND THEIR FAMILIES THE COMFORTS OF HOME WITHIN THE SECURITY OF A HOSPITAL, FREEMAN MATERNITY CENTER DELIVERED 2,043 BABIES IN FY19. THE UNIT INCLUDES BOARD-CERTIFIED OBSTETRICIANS AVAILABLE 24 HOURS A DAY AND PERINATOLOGY CARE FOR WOMEN WITH HIGH-RISK PREGNANCIES. IN FY19, FREEMAN MATERNITY CENTER SERVED 846 MEDICAID PATIENTS, OR 41% OF ITS CASELOAD. SELF-PAY PATIENTS (THOSE WITH NO INSURANCE) REPRESENTED 3% OF THE MOTHERS DELIVERING BABIES AT FREEMAN. AS THESE STATISTICS INDICATE, FREEMAN PROVIDES A SAFETY NET FOR EXPECTANT MOTHERS WHO LIVE IN POVERTY AND RECEIVE GOVERNMENT ASSISTANCE AND THOSE WHO SCRAPE BY WITHOUT ASSISTANCE BUT HAVE NO HEALTH INSURANCE. MEDICAID REIMBURSEMENT DOES NOT COVER THE COST OF PROVIDING THE LEVEL OF TREATMENT REQUIRED. ANTHEM BLUE CROSS BLUE SHIELD OF MISSOURI HAS RECOGNIZED FREEMAN HEALTH SYSTEM AS A BLUE DISTINCTION CENTER+ FOR MATERNITY CARE. BLUE DISTINCTION CENTERS ARE NATIONALLY DESIGNATED HEALTHCARE FACILITIES SHOWN TO DELIVER IMPROVED PATIENT SAFETY AND BETTER OUTCOMES BASED ON OBJECTIVE MEASURES DEVELOPED WITH INPUT FROM THE MEDICAL COMMUNITY. THE BLUE DISTINCTION CENTER PROGRAM EVALUATES HOSPITALS ON SEVERAL QUALITY MEASURES, INCLUDING THE PERCENTAGE OF NEWBORNS THAT FALL INTO THE CATEGORY OF EARLY ELECTIVE DELIVERY. COMPARED TO BABIES BORN 39 WEEKS OR LATER, EARLY TERM INFANTS FACE HIGHER RISKS OF INFANT DEATH AND RESPIRATORY ILLNESSES, SUCH AS RESPIRATORY DISTRESS SYNDROME, PNEUMONIA, AND RESPIRATORY FAILURE. THESE BABIES ALSO HAVE A HIGHER RATE OF ADMISSION TO NEONATAL INTENSIVE CARE UNITS. THE MARCH OF DIMES GAVE FREEMAN MATERNITY CENTER A PERFECT SCORE FOR ELIMINATING EARLY ELECTIVE DELIVERIES A FEW YEARS AGO. FREEMAN WAS ONE OF ONLY 19 HOSPITALS IN MISSOURI TO RECEIVE THE DISTINCTION. FREEMAN HEALTH SYSTEM HELPS FAMILIES PREPARE FOR NEW ARRIVALS WITH FREE PRENATAL EDUCATION OFFERED MONTHLY BY FREEMAN MATERNITY CENTER. THE INFORMATIVE CLASSES ARE TAUGHT BY REGISTERED NURSES AND OTHER PROFESSIONALS WITH YEARS OF EXPERIENCE HELPING EXPECTANT FAMILIES PREPARE FOR A POSITIVE BIRTH EXPERIENCE. PRENATAL CLASSES TEACH MOMS-TO-BE AND THEIR PARTNERS ABOUT THE VARIOUS STAGES OF PREGNANCY, LABOR, AND DELIVERY, BREATHING AND RELAXATION TECHNIQUES, AND PAIN MANAGEMENT, INCLUDING EPIDURAL ANESTHESIA AND NATURAL METHODS. FOR BIG BROTHERS AND SISTERS AGES 3 THROUGH 12, SIBLING CLASSES HELP PREPARE CHILDREN FOR THEIR NEW ROLE AND THE CHANGES THAT WILL OCCUR WHEN THE NEW BABY ARRIVES. INSTRUCTORS DISCUSS HOW BABIES LOOK, HOW THEY BEHAVE, HOW TO HOLD AN INFANT PROPERLY, AND DIAPERING. FREEMAN MATERNITY CENTER ALSO OFFERS FREE BREASTFEEDING CLASSES TAUGHT BY A CERTIFIED LACTATION CONSULTANT TO HELP NEW MOMS GET STARTED WITH PROPER POSITIONING, RECOGNIZING HUNGER SIGNALS, AND MUCH MORE. NICU IN FY19, FREEMAN NEONATAL INTENSIVE CARE UNIT (NICU) PROVIDED IMMEDIATE CRITICAL CARE FOR PREMATURE AND CRITIC</p> |

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| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990,<br>PART III,<br>LINE 4B | <p>ALLY ILL INFANTS THE UNIT INCLUDES SKILLED AND EXPERIENCED PHYSICIANS AND STAFF WHO STAND READY TO PROVIDE THE IMMEDIATE CRITICAL CARE PREMATURE BABIES NEED FREEMAN NICU STAFF HAS DECADES OF EXPERIENCE AND PROVIDES SPECIALIZED CARE USING STATE-OF-THE-ART TECHNOLOGY SURVIVAL RATES FOR INFANTS LESS THAN THREE POUNDS HAVE INCREASED SIGNIFICANTLY AS A RESULT OF THE OUTSTANDING MEDICAL CARE PROVIDED BY THE FREEMAN NICU TEAM OF DOCTORS, NEONATAL NURSE PRACTITIONERS, SPECIALIZED DEVELOPMENTAL THERAPISTS, AND NURSES BEFORE FREEMAN NICU OPENED MORE THAN 20 YEARS AGO, PARENTS OF PREMATURE OR CRITICALLY ILL INFANTS WERE SENT OUTSIDE THE REGION, PULLING PARENTS AWAY FROM THEIR SUPPORT SYSTEM AT HOME OR SEPARATING THEM FROM THEIR PRECIOUS CHILD BECAUSE THE DISTANCE WAS TOO FAR TO TRAVEL EACH DAY AT THE TIME, FREEMAN LEADERS ANTICIPATED 90 BABIES WOULD BE TREATED IN THE NICU EACH YEAR BY THE END OF THE FIRST YEAR, 300 BABIES HAD BEEN ADMITTED SINCE THEN, MORE THAN 9,000 INFANTS HAVE HAD A FIGHTING CHANCE TO LIVE THANKS TO THE CARE THEY RECEIVED AT FREEMAN NICU THROUGH FREEMAN DEVELOPMENT OFFICE, GENEROUS DONORS PRESENTED FREEMAN NICU WITH THE ANGEL EYE CAMERA SYSTEM IT PERMITS FAMILY MEMBERS WHO HAVE TO BE AWAY FROM THE HOSPITAL TO CHECK IN ON THEIR BABY ELECTRONICALLY THE ANGEL EYE SYSTEM CONNECTS PARENTS TO THEIR NICU BABY VIA A LIVE VIDEO AND AUDIO FEED THE CONNECTION FROM THE CRIB TO A MOBILE DEVICE OR COMPUTER IS ACCOMPLISHED THROUGH A WEB-BASED APPLICATION, AND PARENTS CAN SHARE THE LOG-IN WITH GRANDPARENTS AND OTHER LOVED ONES IF THEY CHOOSE IN FY19, FREEMAN NICU SERVED 353 PREMATURELY BORN OR CRITICALLY ILL BABIES OF THESE TINY PATIENTS, 222 RECEIVED MEDICAID, WHICH REPRESENTS 63% OF FREEMAN NICUS CASELOAD SELF-PAY PATIENTS (THOSE WITH NO INSURANCE) REPRESENTED 3% OF FREEMAN NICU PATIENTS NEONATAL INTENSIVE CARE IS EXTREMELY EXPENSIVE TO PROVIDE, AND MEDICAID REIMBURSEMENT DOES NOT COVER THE COST OF PROVIDING THE LEVEL OF TREATMENT REQUIRED</p> |

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| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4C | <p>CANCER CARE FREEMAN CANCER INSTITUTE EMPLOYS A SOCIAL WORKER TO HELP PATIENTS DEAL WITH THE ISSUES SURROUNDING TREATMENT AND RECOVERY. FREEMAN STAFF WORK WITH DRUG COMPANIES AND OTHER ORGANIZATIONS TO PROCURE FREE CANCER MEDICATIONS FOR PATIENTS WHO CANNOT AFFORD THEM. TO HELP CATCH BREAST CANCER WHILE IT IS TREATABLE, THE FREEMAN HELPING FRIENDS MAMMOGRAM FUND, ADMINISTERED THROUGH FREEMAN DEVELOPMENT OFFICE, PROVIDES MAMMOGRAMS FOR WOMEN WHO CANNOT AFFORD THEM. IN FY 2019, HELPING FRIENDS MAMMOGRAM FUND HELPED 86 WOMEN BY PROVIDING MAMMOGRAM SERVICES THAT TOTALLED \$83,835. PATIENTS FACING CANCER BENEFIT FROM ADVANCED TREATMENT OPTIONS PROVIDED BY RADIATION ONCOLOGY. FREEMAN HAS INVESTED IN THE MOST RECENT, STATE-OF-THE-ART TECHNOLOGY AVAILABLE-THE TOP-OF-CLASS TRUEBEAM LINEAR ACCELERATOR, AN INNOVATIVE TOOL THAT ENABLES DOCTORS TO USE A RADICALLY DIFFERENT APPROACH TO TREATING CANCER WITH IMAGE-GUIDED RADIOTHERAPY. THIS PRECISE TECHNOLOGY PROVIDES IMPROVED OUTCOMES, LOWER DOSES OF RADIATION, AND SHORTER TREATMENT TIMES. WITH THIS LEADING-EDGE RADIOTHERAPY SYSTEM, FREEMAN OFFERS TREATMENT THAT BENEFITS PATIENTS BY DELIVERING ENOUGH RADIATION TO ELIMINATE A TUMOR WHILE MINIMIZING THE AMOUNT OF HEALTHY TISSUE EXPOSED TO RADIATION. IT IS ONE OF THE MOST POWERFUL AND PRECISE CANCER TREATMENT OPTIONS IN THE AREA. SIMPLE TREATMENTS THAT ONCE TOOK 15 MINUTES OR MORE CAN BE COMPLETED IN LESS THAN TWO MINUTES AFTER THE PATIENT IS IN POSITION. RADIATION THERAPY IS USED TODAY IN MORE THAN HALF OF ALL CANCER TREATMENTS DUE TO ITS UNIQUE CLINICAL ADVANTAGES. IN NOVEMBER OF 2017, FREEMAN HEALTH SYSTEM BECAME THE FIRST AND ONLY LOCAL HOSPITAL TO OFFER HIGH-DOSE RATE (HDR) BRACHYTHERAPY, A FORM OF RADIATION THERAPY. HDR BRACHYTHERAPY ENABLES DOCTORS TO DELIVER HIGHER DOSES OF RADIATION TO SPECIFIC AREAS OF THE BODY BY PLACING RADIOACTIVE SOURCES INSIDE THE TUMOR CAVITY. DURING HDR BRACHYTHERAPY, A HIGH INTENSITY RADIATION SOURCE IS DELIVERED THROUGH A CATHETER TO THE TUMOR SITE WITH MILLIMETER PRECISION THROUGH COMPUTER GUIDANCE. SINCE RADIATION IS DELIVERED DIRECTLY TO THE CANCER SITE, HDR BRACHYTHERAPY TREATMENT REDUCES THE RISK OF DAMAGE TO SURROUNDING HEALTHY TISSUE AND ORGANS. THIS TRANSLATES TO LESS TIME IN THE CLINIC, MINIMIZING DISRUPTIONS TO PATIENTS AND HELPING THEM RETURN TO EVERYDAY LIFE MORE QUICKLY. TREATMENT IS DELIVERED EITHER ONCE OR TWICE PER DAY FOR APPROXIMATELY ONE WEEK. THE RADIATION SOURCE IS COMPLETELY REMOVED AFTER EACH TREATMENT. NO RADIATION REMAINS INSIDE THE BODY BETWEEN TREATMENTS. FREEMAN CORNELL-BESHORE CANCER INSTITUTE WAS ONE OF ONLY FOUR CANCER CENTERS IN MISSOURI TO BE RECOGNIZED BY THE QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) CERTIFICATION PROGRAM. THE QOPI CERTIFICATION PROGRAM RECOGNIZES OUTPATIENT ONCOLOGY PRACTICES THAT MEET THE HIGHEST STANDARDS FOR QUALITY CANCER CARE. FREEMAN CANCER SUPPORT GROUP OFFERS AN OPPORTUNITY FOR CANCER PATIENTS, SURVIVORS, AND FAMILY MEMBERS TO TALK ABOUT THEIR EXPERIENCES AND LEARN ABOUT SU.</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART III,<br>LINE 4C | PPORT AND RESOURCES IN A CARING AND INFORMATIVE ENVIRONMENT MEETINGS, WHICH ARE FREE AND OPEN<br>TO THE PUBLIC, ARE HELD MONTHLY |

# 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

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



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| Return<br>Reference                                       | Explanation   |
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| FORM 990,<br>PART VI,<br>SECTION B,<br>LINES 15A &<br>15B | <p>FREEMAN HEALTH SYSTEM COMPENSATION REVIEW EXECUTIVE COMPENSATION PHILOSOPHY &amp; STRATEGY I KEY PRINCIPLES FREEMAN HEALTH SYSTEM ("FHS") DESIRES TO ENSURE THAT ITS EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE, FAIR, AND EQUITABLE, COMPLIANT WITH REGULATORY GUIDELINES, AND REPRESENTATIVE OF MARKET BEST PRACTICES KEY PRINCIPLES THAT GUIDE FHS'S EXECUTIVE COMPENSATION DECISION-MAKING PROCESS INCLUDE -EXECUTIVE COMPENSATION PROGRAMS WILL SUPPORT FHS'S MISSION, VALUES, STRATEGIC DIRECTION, AND TAX-EXEMPT STATUS -FHS COMPETES IN A NATIONAL MARKET FOR ITS EXECUTIVES AND THUS WILL CONSIDER PAY PRACTICES THAT ARE REPRESENTATIVE OF THE INDUSTRY -THE RELATIVE PAY LEVELS OF FHS EXECUTIVES WILL OVER TIME REFLECT BOTH INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE -FHS INTENDS TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRS INTERMEDIATE SANCTIONS REGULATIONS THUS, EXECUTIVE COMPENSATION PROGRAMS AND DECISIONS WILL BE APPROVED, IN ADVANCE OF ITS IMPLEMENTATION BY THE EXECUTIVE COMPENSATION COMMITTEE (HEREAFTER THE "COMMITTEE") OF THE BOARD OF DIRECTORS *THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS, WHO ARE INDEPENDENT OF FHS'S MANAGEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH FHS *THE COMMITTEE WILL RELY UPON APPROPRIATE, INDEPENDENT COMPARABILITY DATA TO SUPPORT ITS DECISION MAKING PROCESS *THE COMMITTEE WILL ADEQUATELY DOCUMENT ITS DELIBERATIONS, DECISIONS, AND ACTIONS ON A TIMELY BASIS II PRIMARY PROGRAM COMPONENTS FHS'S EXECUTIVE TOTAL COMPENSATION PROGRAM CONSISTS OF THE FOLLOWING COMPONENTS -BASE SALARY -ANNUAL AT RISK COMPENSATION -STANDARD ALL EMPLOYEE BENEFITS -SUPPLEMENTAL BENEFITS AND PERQUISITES -SEVERANCE ANNUALLY, THE COMMITTEE WILL DIRECT THE REVIEW OF THE COMPONENTS OF THE EXECUTIVE COMPENSATION PROGRAM AND APPROVE PROGRAM MODIFICATIONS AS APPROPRIATE THE COMMITTEE MAY ALSO AUTHORIZE UNIQUE PROGRAM COMPONENTS WHICH SUPPORT THE ACHIEVEMENTS OF FHS'S MISSION III MARKET COMPARATORS FHS WILL CONSIDER A NATIONAL PEER GROUP OF HEALTHCARE ORGANIZATIONS COMPARABLE TO FHS IN SIZE (I.E., NET REVENUES) AND COMPLEXITY TO DETERMINE THE MARKET VALUES FOR EACH OF ITS EXECUTIVE POSITIONS THE PEER GROUP WILL PRIMARILY BE COMPRISED OF NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS (BUT FOR-PROFIT ORGANIZATIONS MAY BE CONSIDERED SELECTIVELY) FOR FUNCTIONALLY COMPARABLE POSITIONS AS REPORTED IN SURVEYS CONDUCTED BY INDEPENDENT FIRMS -CASH COMPENSATION THE FOLLOWING ORGANIZATIONS/MARKETS ARE THE PRIMARY COMPARATORS FOR COMPENSATION PURPOSES *SYSTEM LEVEL EXECUTIVES HEALTH SYSTEMS OF COMPARABLE SIZE TO FHS, BASED ON NET REVENUE THESE WILL BE BASED ON NATIONAL HEALTHCARE LABOR MARKETS *HOSPITAL LEVEL EXECUTIVES HOSPITALS OF COMPARABLE SIZE TO THE FHS ENTITY, BASED ON NET REVENUE THESE WILL BE BASED ON NATIONAL HEALTHCARE LABOR MARKETS *OTHER</p> |

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| Return<br>Reference                                       | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINES 15A &<br>15B | <p>EXECUTIVES ORGANIZATIONS OF COMPARABLE SIZE IN RELEVANT MARKET SEGMENTS SUCH AS MEDICAL GROUP PRACTICES, HOME HEALTH, AND THE LIKE THESE WILL BE BASED ON NATIONAL HEALTHCARE LABOR MARKET</p> <p>-EXECUTIVE BENEFITS FHS WILL DEVELOP AND ADMINISTER EXECUTIVE BENEFIT (IE, STANDARD BENEFITS, SUPPLEMENTAL EXECUTIVE BENEFITS, AND PERQUISITES) PLANS THAT ARE BASED ON NATIONAL HEALTHCARE INDUSTRY MARKET NORMS</p> <p>IV MARKET POSITION TARGETS FHS HAS ESTABLISHED A TARGET MARKET POSITION FOR EACH OF THE COMPONENTS OF ITS EXECUTIVE TOTAL COMPENSATION PROGRAM -BASE SALARIES FHS WILL MANAGE ITS EXECUTIVES' BASE SALARIES AROUND THE 50TH PERCENTILE OF BASE SALARIES PAID IN THE MARKET SALARIES WILL VARY FROM THE 50TH PERCENTILE BASED ON AN EXECUTIVE'S EXPERIENCE AND PERFORMANCE FOR EXAMPLE</p> <p>*EXECUTIVES WHO ARE NEW TO THE ORGANIZATION AND/OR HAVE LIMITED OR NO PRIOR EXECUTIVE-LEVEL EXPERIENCE SHOULD HAVE SALARIES THAT ARE 80 TO 90 PERCENT OF THE 50TH PERCENTILE</p> <p>*EXPERIENCED EXECUTIVES (WITH APPROXIMATELY 5 TO 7 YEARS OF EXECUTIVE-LEVEL EXPERIENCE) WHO CONSISTENTLY MEET FHS'S PERFORMANCE EXPECTATIONS SHOULD HAVE SALARIES THAT ARE 90 TO 110 PERCENT OF THE 50TH PERCENTILE</p> <p>*EXPERIENCED EXECUTIVES (WITH MORE THAN 7 YEARS OF EXECUTIVE-LEVEL EXPERIENCE) WHO CONSISTENTLY EXCEED FHS'S PERFORMANCE EXPECTATIONS SHOULD HAVE SALARIES THAT ARE 110 TO 120 PERCENT OF THE 50TH PERCENTILE</p> <p>-TOTAL CASH COMPENSATION THE GOAL OF THIS COMPONENT IS TO PAY UP TO THE 75TH PERCENTILE OF MARKET TOTAL CASH COMPENSATION WHEN EXCEPTIONAL PERFORMANCE IS ACHIEVED TOTAL CASH COMPENSATION INCLUDES BASE SALARIES AND LUMP-SUM AWARDS FROM FHS'S EXECUTIVE AT RISK COMPENSATION PLAN(S) ACTUAL TOTAL CASH COMPENSATION WILL REFLECT EXECUTIVES' CURRENT SALARIES, INDIVIDUAL PERFORMANCE AND CONTRIBUTIONS, AND THE ORGANIZATION'S PERFORMANCE</p> <p>-EXECUTIVE BENEFITS FHS TARGETS EXECUTIVE BENEFITS (STANDARD BENEFITS PLUS SUPPLEMENTAL EXECUTIVE BENEFITS AND PERQUISITES) AT THE 50TH PERCENTILE OF EXECUTIVE BENEFITS PROVIDED IN THE HEALTHCARE MARKET</p> <p>-SEVERANCE FHS TARGETS EXECUTIVE SEVERANCE AT THE 50TH PERCENTILE OF CURRENT HEALTHCARE MARKET PRACTICES</p> <p>OTHER BUSINESS JUDGMENT FACTORS SUCH AS COMPETITIVE MARKET FORCES, EACH EXECUTIVE'S JOB PERFORMANCE, EACH EXECUTIVE'S UNIQUE SKILLS, RESPONSIBILITIES AND EFFORTS, AND/OR EACH EXECUTIVE'S MARKETPLACE STANDING, ARE ALSO CONSIDERED BY THE COMMITTEE DURING ITS DECISION MAKING PROCESS</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                       | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINES 15A &<br>15B | <p>FREEMAN HEALTH SYSTEM COMPENSATION REVIEW (CONTINUED) EXECUTIVE COMPENSATION COMMITTEE CHARTER THIS EXECUTIVE COMPENSATION COMMITTEE CHARTER WAS ADOPTED BY THE BOARD OF DIRECTORS (THE "BOARD") OF FREEMAN HEALTH SYSTEM (HEREAFTER "FHS") ON APRIL 25, 2008 THIS CHARTER APPLIES TO FHS AND ALL OF ITS BUSINESS ENTITIES, INCLUDING FREEMAN NEOSHO HOSPITAL, OZARK CENTER AND THE FREEMAN FOUNDATION (HEREAFTER THE "SYSTEM") THIS CHARTER IS A COMPONENT OF THE FLEXIBLE FRAMEWORK WITHIN WHICH THE BOARD, ASSISTED BY ITS COMMITTEES, DIRECTS THE AFFAIRS OF FHS WHILE THE CHARTER SHOULD BE INTERPRETED IN THE CONTEXT OF ALL APPLICABLE LAWS AND REGULATIONS, AS WELL AS IN THE CONTEXT OF FHS'S ARTICLES OF INCORPORATION AND BYLAWS, IT IS NOT INTENDED TO ESTABLISH BY ITS OWN FORCE ANY LEGALLY BINDING OBLIGATIONS I PURPOSE THE EXECUTIVE COMPENSATION COMMITTEE (HEREAFTER THE "COMMITTEE") IS AUTHORIZED TO ACT ON THE BOARD'S BEHALF IN (I) DETERMINING APPROPRIATE COMPENSATION FOR SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS AS DEFINED IN THE IRS INTERMEDIATE SANCTIONS REGULATIONS, (II) EVALUATING SYSTEM EXECUTIVES' OTHER DISQUALIFIED PERSONS' CASH COMPENSATION PLANS, POLICIES, AND PROGRAMS, (III) REVIEWING BENEFIT PLANS FOR SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS, AND (IV) VERIFYING THAT COMPENSATION INFORMATION IS APPROPRIATELY AND FULLY DISCLOSED -A DISQUALIFIED PERSON IS ANY PERSON WHO IS OR WAS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE APPLICABLE TAX-EXEMPT ORGANIZATION IT IS NOT NECESSARY THAT THE PERSON ACTUALLY EXERCISE SUBSTANTIAL INFLUENCE, ONLY THAT THE PERSON BE IN A POSITION TO DO SO -FOR PURPOSES OF THIS CHARTER, "EXECUTIVES" ARE DEFINED AS SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS VALIDATED BY THE COMMITTEE IN DISCHARGING ITS ROLE, THE COMMITTEE IS EMPOWERED TO INVESTIGATE ANY MATTER BROUGHT TO ITS ATTENTION WITH ACCESS TO ALL BOOKS, RECORDS, FACILITIES, AND PERSONNEL OF THE SYSTEM IT HAS THE AUTHORITY TO RETAIN OUTSIDE ADVISORS (E.G., LEGAL COUNSEL, COMPENSATION CONSULTANTS, OR OTHER EXPERTS) AND WILL RECEIVE ADEQUATE FUNDING FROM THE SYSTEM TO ENGAGE SUCH ADVISORS IT SHALL HAVE THE SOLE AUTHORITY TO RETAIN, COMPENSATE, TERMINATE, AND OVERSEE ITS ADVISORS, WHO SHALL BE ACCOUNTABLE ULTIMATELY TO THE COMMITTEE TO SUPPORT THE COMMITTEE, A TIMETABLE AND RESOURCE BOOK WILL BE DEVELOPED CONTAINING THE NECESSARY DATA, INFORMATION, AND DOCUMENTS THE COMMITTEE WILL NEED TO CARRY OUT ITS DUTIES THE RESOURCE BOOK WILL BE DISTRIBUTED TO THE COMMITTEE IN ADVANCE OF ITS MEETINGS AND FHS WILL MAINTAIN THESE BOOKS AT ITS CORPORATE OFFICE THE COMMITTEE ALSO WILL RECEIVE TRAINING IN COMPENSATION PLAN DESIGN AND ADMINISTRATION, INCLUDING LEGAL AND REGULATORY ISSUES (AS NEEDED) II COMMITTEE MEMBERSHIP THE COMMITTEE IS A STANDING COMMITTEE OF THE BOARD IN ACCORDANCE WITH THE CORPORATE BYLAWS, IT SHALL CONSIST OF AT LEAST THREE, BUT NOT MORE THAN FIVE, MEMBERS OF THE BOARD EACH COMMITTEE MEMBER HAS BEEN DETERMINED BY</p> |

# 990 Schedule O, Supplemental Information

| Return Reference                              | Explanation   |
|---|---|
| FORM 990, PART VI, SECTION B, LINES 15A & 15B | <p>THE BOARD TO BE "INDEPENDENT" IN ACCORDANCE WITH IRS INTERMEDIATE SANCTIONS REGULATIONS AT THE START OF THE YEAR, EACH MEMBER WILL REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY TO ENSURE HE OR SHE HAS NO CONFLICT OF INTEREST AND IS "INDEPENDENT" IF A REAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST IS IDENTIFIED, THE COMMITTEE MEMBER WILL REVIEW THE ISSUE WITH THE COMMITTEE CHAIR AND LEGAL COUNSEL TO DETERMINE THE APPROPRIATE ACTION IN ADDITION, NO DIRECTOR MAY SERVE ON THE COMMITTEE UNLESS HE OR SHE IS A "NON-EMPLOYEE" MEMBER OF A SYSTEM BOARD THE FHS BOARD WILL APPOINT A COMMITTEE CHAIR TO CONVENE ALL SESSIONS, SET AGENDAS FOR MEETINGS, AND DETERMINE THE INFORMATION NEEDS OF THE COMMITTEE BEFORE DEBATING AND VOTING ON ANY COMPENSATION ARRANGEMENT, EACH MEMBER SHALL DETERMINE WHETHER HE OR SHE HAS A CONFLICT OF INTEREST REGARDING THE COMPENSATION ARRANGEMENT ANY MEMBER WITH A CONFLICT OF INTEREST REGARDING A PARTICULAR COMPENSATION ARRANGEMENT OR TRANSACTION SHALL RECUSE HIMSELF OR HERSELF FROM THE DISCUSSION AND SHALL NOT VOTE ON THE PENDING COMPENSATION ARRANGEMENT OR TRANSACTION III COMMITTEE SUPPORT STAFF THE COMMITTEE SHALL BE ASSISTED IN FULFILLING ITS DUTIES AND RESPONSIBILITIES BY A FHS SUPPORT STAFF COMPRISED OF THE FOLLOWING POSITIONS -THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) -CHIEF FINANCIAL OFFICER -CONTROLLER -DIRECTOR OF HUMAN RESOURCES FROM TIME TO TIME, THE COMMITTEE MAY REQUEST OTHER SYSTEM POSITIONS TO SERVE AS SUPPORT STAFF MEMBERS WHEN THE COMMITTEE VOTES ON COMPENSATION MATTERS RELATED TO ANY OF THE SUPPORT STAFF, THE SUPPORT STAFF SHOULD BE EXCUSED FROM THE MEETING IV COMMITTEE MEETINGS THE COMMITTEE SHALL MEET ON A REGULARLY SCHEDULED BASIS TWO TIMES PER YEAR OR MORE FREQUENTLY AS CIRCUMSTANCES DICTATE THE COMMITTEE SHALL MEET AT LEAST (ANNUALLY) WITH FHS'S PRESIDENT AND CEO AND OTHER CORPORATE OFFICERS THE BOARD AND COMMITTEE DEEM APPROPRIATE, TO DISCUSS AND REVIEW THE PERFORMANCE CRITERIA AND COMPENSATION LEVELS OF SYSTEM EXECUTIVES AND OTHER DISQUALIFIED PERSONS MEETINGS OF THE COMMITTEE MAY BE HELD TELEPHONICALLY A MAJORITY OF THE MEMBERS SHALL CONSTITUTE A QUORUM SUFFICIENT FOR THE TAKING OF ANY ACTION BY THE COMMITTEE V COMMITTEE RESPONSIBILITIES THE FOLLOWING RESPONSIBILITIES ARE SET FORTH AS A GUIDE WITH THE UNDERSTANDING THAT THE COMMITTEE MAY DIVERGE FROM THIS LIST AS APPROPRIATE GIVEN THE CIRCUMSTANCES THE COMMITTEE SHALL REPORT ANY DIVERGENCE FROM THIS LIST TO THE FULL BOARD THE COMMITTEE IS AUTHORIZED TO CARRY OUT THESE AND SUCH OTHER RESPONSIBILITIES ASSIGNED BY THE BOARD FROM TIME TO TIME, AND TAKE ANY ACTIONS REASONABLY RELATED TO THE MANDATE OF THIS CHARTER -ESTABLISH, REGULARLY REVIEW, AND APPROPRIATELY MODIFY THE FHS EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY THE EXECUTIVE COMPENSATION PHILOSOPHY AND STRATEGY WILL BE REVIEWED AND APPROVED BY THE FULL BOARD -ADMINISTER EXECUTIVE COMPENSATION PROGRAMS IN A MANNER *CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILO</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                              | Explanation  |
|---|--|
| FORM 990, PART VI, SECTION B, LINES 15A & 15B | <p>SOPHY AND STRATEGY, *THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE IRS INTERMEDIATE SANCTIONS REGULATIONS -VALIDATE THE GOALS AND OBJECTIVES RELEVANT T O THE COMPENSATION OF THE PRESIDENT AND CEO, SYSTEM EXECUTIVES, AND OTHER DISQUALIFIED PER SONS, INCLUDING ANNUAL PERFORMANCE OBJECTIVES -EVALUATE THE PERFORMANCE OF THE PRESIDENT AND CEO, AND REVIEW THE EVALUATIONS PREPARED BY THE PRESIDENT/CEO AND OTHER SYSTEM EVALUAT ION COMMITTEES OF OTHER EXECUTIVES/DISQUALIFIED PERSONS BASED ON APPROVED GOALS AND OBJECT IVES -ESTABLISH THE COMPENSATION LEVEL FOR THE PRESIDENT/CEO AND REVIEW AND APPROVE COMPE NSATION RECOMMENDATIONS PREPARED BY THE PRESIDENT/CEO FOR ALL EXECUTIVES AND DO SAME FOR E XECUTIVES AND DISQUALIFIED PERSONS FROM OTHER SYSTEM ENTITIES -REVIEW AND APPROVE CHANGES , IN ADVANCE OF THEIR IMPLEMENTATION, INCLUDING *EXECUTIVE BASE SALARIES AND RANGE *AT RI SK COMPENSATION PLANS *EXECUTIVE WELFARE AND RETIREMENT BENEFIT PLANS *OTHER EXECUTIVE FRI NGE BENEFITS *EMPLOYMENT AGREEMENTS AND/OR SEVERANCE PLANS -MAINTAIN MINUTES OR OTHER RECO RDS OF COMMITTEE MEETINGS AND ACTIVITIES, AS REQUIRED BY IRS INTERMEDIATE SANCTIONS REGULA TIONS -ENGAGE INDEPENDENT, OUTSIDE ADVISORS TO PROVIDE OBJECTIVE AND IMPARTIAL COMPENSATI ON DATA AND EXPRESS AN OPINION ON THE REASONABLENESS OF TOTAL COMPENSATION -REVIEW PERIOD ICALLY THE COMPONENTS OF FHS'S EXECUTIVE TOTAL COMPENSATION PROGRAM TO DETERMINE WHETHER T HEY ARE PROPERLY COORDINATED AND ACHIEVE ITS INTENDED PURPOSE(S), AND APPROVE MODIFICATION S, INCLUDING NEW PROGRAMS -REPORT REGULARLY TO THE FULL BOARD AND TO OTHER SYSTEM BOARDS ON COMMITTEE FINDINGS AND APPROVED ACTIONS AND ANY OTHER MATTERS THE COMMITTEE DEEMS APPRO PRIATE OR THE BOARD REQUESTS -CONDUCT AN ANNUAL SELF-EVALUATION OF THE COMMITTEE'S PERFOR MANCE, INCLUDING ITS EFFECTIVENESS AND COMPLIANCE WITH THIS CHARTER -REVIEW AND REASSESS THE ADEQUACY OF THIS CHARTER ANNUALLY, AND AMEND IT AS THE COMMITTEE DEEMS APPROPRIATE -C OMMUNICATE WITH EXTERNAL PARTIES, AS APPROPRIATE, REGARDING COMMITTEE PROCEDURES AND THE C OMPENSATION OF THE ORGANIZATION'S EXECUTIVES AND OTHER DISQUALIFIED PERSONS A COMPENSATIO N REVIEW LAST OCCURRED IN 2018 USING INTEGRATED HEALTHCARE STRATEGIES</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | DOCUMENT AVAILABILITY FREEMAN HEALTH SYSTEM DOES NOT MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC |

## 990 Schedule O, Supplemental Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |  |                     |                           |                                  |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) FHS HOLDINGS LLC<br>1102 W 32ND ST<br>JOPLIN, MO 64804<br>20-5441528   | LT ACUTE CARE           | MO   | 216,589             | 378,767                   | FREEMAN HLTH                     |
| (2) FREEMAN SURGICAL CENTER OF PITTSBURG LLC<br>100 N PINE ST<br>PITTSBURG, KS 66762<br>47-3537670                       | AMBULATORY SU           | KS   | 1,674,652           | 1,328,619                 | FREEMAN HLTH                     |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |  |                            |   |                                  |  |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) FREEMAN NEOSHO HOSPITAL<br>113 W HICKORY<br><br>NEOSHO, MO 64850<br>43-1240629  | HOSPITAL                | MO   | 501(C)(3)                  | 3   | FREEMAN HLTH                     | Yes  |    |
| (2) OZARK CENTER<br>3006 MCCLELLAND BLVD<br><br>JOPLIN, MO 64804<br>43-0821959  | BEHAVRL HLTH            | MO   | 501(C)(3)                  | 10  | FREEMAN HLTH                     | Yes  |    |
| (3) CEDAR HILL HOUSING CORPORATION<br>3006 MCCLELLAND BLVD<br><br>JOPLIN, MO 64804<br>47-0943557  | HUD HOUSING             | MO   | 501(C)(3)                  | 12 A I  | OZARK CENTER                     | Yes  |    |
| (4) POPLAR PLACE HOUSING CORPORATION<br>3006 MCCLELLAND BLVD<br><br>JOPLIN, MO 64804<br>90-0462595  | HUD HOUSING             | MO   | 501(C)(3)                  | 12 A I  | OZARK CENTER                     | Yes  |    |
| (5) MAGNOLIA HEIGHTS HOUSING CORPORATION<br>3006 MCCLELLAND BLVD<br><br>JOPLIN, MO 64804<br>47-0950622  | HUD HOUSING             | MO   | 501(C)(3)                  | 12 A I  | OZARK CENTER                     | Yes  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |



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

| (a)<br>Name, address, and EIN of<br>related organization                              | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
|   |                         |   |  |  |                                 |   | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1) FREEMAN SURGICAL CE</b><br><br>811 W 34TH ST<br>JOPLIN, MO 64804<br>26-2652980 | AMBULATORY<br>SURGER    | MO  | FREEMAN<br>HLTH                        | RELATED  | 1,628,131                       | 2,484,649                                 |   | No |  | Yes                                       |    | 53.731 %                       |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |
|   |                         |   |  |  |                                 |   |   |    |  |   |    |                                |

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a Yes

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b Yes

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 Yes

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 Yes

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 Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n Yes

o Sharing of paid employees with related organization(s) . . . . .

1o Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1)OZARK CENTER                     | A/J                              | 146,231                | FMV  |
| (2)OZARK CENTER                     | B                                | 424,580                | FMV  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

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.

[illegible]

**Part VII**      **Supplemental Information**

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

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

