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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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

A For the 2019 calendar year, or tax year beginning 04-01-2019 , and ending 03-31-2020

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

D Employer identification number  
  
43-1704371  
  
E Telephone number  
  
(417) 347-1111  
  
G Gross receipts \$ 642,509,478

F Name and address of principal officer:  
PAULA BAKER  
1102 W 32ND STREET  
JOPLIN, MO 64804

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

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

J Website: ▶ WWW.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 2019 (Part V, line 2a) . . . . . 5 4,807

6 Total number of volunteers (estimate if necessary) . . . . . 6 169

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 9,240,572

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 987,467

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 1,548,055 1,195,286

9 Program service revenue (Part VIII, line 2g) . . . . . 537,011,377 558,797,928

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 9,050,230 8,118,341

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 5,920,723 4,033,870

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 553,530,385 572,145,425

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 3,419,851 1,545,830

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 283,589,005 294,991,907

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶688,777

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 226,681,678 240,074,109

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 513,690,534 536,611,846

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 39,839,851 35,533,579

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 533,165,787 542,526,560

21 Total liabilities (Part X, line 26) . . . . . 189,229,766 182,909,622

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 343,936,021 359,616,938

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*  
Signature of officer  
2021-02-15  
Date  
STEVE GRADDY CFO  
Type or print name and title

Paid Preparer Use Only

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 266,530,570 including grants of \$ 1,545,830 ) (Revenue \$ 307,961,758 )  
See Additional Data



















**4b** (Code: ) (Expenses \$ 160,636,116 including grants of \$ ) (Revenue \$ 185,867,427 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 29,088,993 including grants of \$ ) (Revenue \$ 64,968,743 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 456,255,679

**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> 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	

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

		Yes	No	
<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 . . . . .	22	Yes	
<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? If "Yes," complete Schedule J . . . . .	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		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? . . . . .	24c		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		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? If "Yes," complete Schedule L, Part I . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
<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? If "Yes," complete Schedule R, Part I . . . . .	33	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		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? If "Yes," complete Schedule R, Part VI . . . . .	37		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. . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	195	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	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? . . . . .	1c	Yes	

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

**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	<b>1a</b> 13		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 8		
<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?	<b>2</b>		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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		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?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	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	<b>9</b>		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?	<b>10a</b>	No
<b>b</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>10b</b>	
<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?	<b>11a</b>	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	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	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	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	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	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	No
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?	<b>16a</b>	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?	<b>16b</b>	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 ☒

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[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>	17,103,142	442,933	1,014,638

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 ▶ 318

		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, 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	HOUSEKEEPING	5,178,022
GATEWAY EMERGENCY PHYSICIANS LLP, PO BOX 677979 DALLAS, TX 752677979	HEALTHCARE SVCS	3,788,448
DEWITT ASSOCIATES INC, PO BOX 3378 GS SPRINGFIELD, MO 65808	CONSTRUCTION	3,153,020
CROSSLAND CONSTRUCTION COMPANY, 833 SE AVENUE COLUMBUS, KS 66725	CONSTRUCTION	1,995,820
MORRISON MGT SPECIALIST INC, 2400 YORKMONT ROAD CHARLOTTE, NC 28217	NUTRITION SERVICES	1,185,363

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 33



Form 990 (2019)		Page 9					
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 exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a					
	b Membership dues . . . . .	1b					
	c Fundraising events . . . . .	1c	119,007				
	d Related organizations . . . . .	1d					
	e Government grants (contributions) . . . . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	1,076,279				
	g Noncash contributions included in lines 1a - 1f: \$ . . . . .	1g					
	h Total. Add lines 1a-1f . . . . . ▶	1,195,286					
Program Service Revenue	Business Code						
	2a PATIENT SERVICES	621990	520,245,324	520,245,324			
	b UNRELATED RETAIL PHARMACY	446110	5,112,800		5,112,800		
	c CAFETERIA & VENDING	722210	2,756,562	2,756,562			
	d UNRELATED LAB SERVICES	621500	167,724		167,724		
	e RENT FROM AFFILIATES	531390	146,231	146,231			
	f All other program service revenue.		30,369,287	26,161,939	4,207,348		
g Total. Add lines 2a-2f. . . . . ▶	558,797,928						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6,533,722			6,533,722	
	4 Income from investment of tax-exempt bond proceeds . . . . . ▶		252,766			252,766	
	5 Royalties . . . . . ▶		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6a	2,705,457				
		b Less: rental expenses	6b	646,181			
		c Rental income or (loss)	6c	2,059,276	0		
	d Net rental income or (loss) . . . . . ▶		2,059,276			2,059,276	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	70,363,052	6,500			
		b Less: cost or other basis and sales expenses	7b	69,028,873	8,826		
		c Gain or (loss)	7c	1,334,179	-2,326		
	d Net gain or (loss) . . . . . ▶		1,331,853			1,331,853	
	8a Gross income from fundraising events (not including \$ 119,007 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a	472,478				
		b Less: direct expenses . . . . .	8b	356,739			
		c Net income or (loss) from fundraising events . . . . . ▶		115,739			115,739
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .	9a	0				
		b Less: direct expenses . . . . .	9b	0			
		c Net income or (loss) from gaming activities . . . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . . . .	10a	505,594				
b Less: cost of goods sold . . . . .		10b	323,434				
c Net income or (loss) from sales of inventory . . . . . ▶		182,160			182,160		
Miscellaneous Revenue		Business Code					
11a INVESTMENT IN SUBSIDIARY		900099	2,472,004		-247,300	2,719,304	
b LOSS ON EXTINGUISHMENT OF DEBT		900099	-795,309			-795,309	
c							
d All other revenue . . . . .							
e Total. Add lines 11a-11d . . . . . ▶		1,676,695					
12 Total revenue. See instructions . . . . . ▶		572,145,425	549,310,056	9,240,572	12,399,511		

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,310,718	1,310,718		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	235,112	235,112		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 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 . . . . .	8,574,199	4,651,632	3,922,567	
<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) . . . . .	1,588,183	1,588,183		
<b>7</b> Other salaries and wages . . . . .	237,188,143	206,641,789	30,135,121	411,233
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	3,511,182	2,990,616	514,130	6,436
<b>9</b> Other employee benefits . . . . .	29,983,547	25,781,426	4,153,903	48,218
<b>10</b> Payroll taxes . . . . .	14,146,653	12,109,845	2,014,224	22,584
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	269,019		269,019	
<b>c</b> Accounting . . . . .	404,946		404,946	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	245,785		245,785	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,888,682	23,663,606	16,152,868	72,208
<b>12</b> Advertising and promotion . . . . .	1,890,469	1,587,913	299,941	2,615
<b>13</b> Office expenses . . . . .	22,050,646	14,642,392	7,337,494	70,760
<b>14</b> Information technology . . . . .	129,914		129,914	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	6,322,812	6,317,316		5,496
<b>17</b> Travel . . . . .	807,573	619,402	176,117	12,054
<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 . . . . .	1,154,110	566,925	586,051	1,134
<b>20</b> Interest . . . . .	3,502,517	2,997,104	499,809	5,604
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	16,175,485	13,879,026	2,270,996	25,463
<b>23</b> Insurance . . . . .	12,140,320	2,856,388	9,283,932	
<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	111,313,493	111,313,493		
<b>b</b> PROVIDER TAXES & FEES	22,288,476	22,288,476		
<b>c</b> LICENSES, DUES, SUBSCRIPTIONS	794,159	214,317	574,870	4,972
<b>d</b> OTHER EXPENSE	695,703		695,703	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	536,611,846	456,255,679	79,667,390	688,777
<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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		25,333,635	<b>1</b>	34,334,410
	<b>2</b>	Savings and temporary cash investments . . . . .		16,405,382	<b>2</b>	20,509,822
	<b>3</b>	Pledges and grants receivable, net . . . . .		4,434,832	<b>3</b>	3,140,956
	<b>4</b>	Accounts receivable, net . . . . .		61,531,684	<b>4</b>	65,093,952
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		146,157	<b>7</b>	99,235
	<b>8</b>	Inventories for sale or use . . . . .		8,343,472	<b>8</b>	9,895,829
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		6,568,764	<b>9</b>	7,450,014
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	371,540,286		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	234,142,033		
				135,574,313	<b>10c</b>	137,398,253
	<b>11</b>	Investments—publicly traded securities . . . . .		261,103,110	<b>11</b>	252,401,243
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		2,224,004	<b>12</b>	2,293,482
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		4,037,495	<b>13</b>	3,815,493
	<b>14</b>	Intangible assets . . . . .		367,030	<b>14</b>	367,030
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		7,095,909	<b>15</b>	5,726,841	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		533,165,787	<b>16</b>	542,526,560	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		65,101,842	<b>17</b>	66,770,364
	<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 . . . . .		95,352,538	<b>20</b>	82,787,811
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		3,567,232	<b>23</b>	3,290,181
	<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		25,208,154	<b>25</b>	30,061,266
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		189,229,766	<b>26</b>	182,909,622
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		337,951,639	<b>27</b>	355,044,033
	<b>28</b>	Net assets with donor restrictions . . . . .		5,984,382	<b>28</b>	4,572,905
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		343,936,021	<b>32</b>	359,616,938
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		533,165,787	<b>33</b>	542,526,560	

**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>	572,145,425
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	536,611,846
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	35,533,579
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	343,936,021
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-18,421,942
<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>	-1,430,720
<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>	359,616,938

**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 _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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? 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 (2019)

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**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.

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**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 HEALTH SYSTEM OPENED FREEMAN HEART & VASCULAR INSTITUTE IN 1999 AND HAS BEEN A LEADER IN HEART CARE EVER SINCE. SERVING A GEOGRAPHIC AREA THAT INCLUDES CORNERS OF FOUR STATES, FREEMAN HEART & VASCULAR INSTITUTE BRINGS LIFESAVING DIAGNOSTICS AND TREATMENTS TO PEOPLE WHERE THEY LIVE, ENABLING THEM TO RECEIVE ESSENTIAL, HIGH-QUALITY HEART CARE WITHOUT THE EXPENSE AND INCONVENIENCE OF TRAVELING TO LARGER METROPOLITAN AREAS. FREEMANS DOCTORS (AND ALL STAFF) TREAT PATIENTS AS FRIENDS AND NEIGHBORS BECAUSE THEY LIVE AND RAISE THEIR FAMILIES IN THE COMMUNITIES SERVED BY FREEMAN. 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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J NICHOLAS ..... PHYSICIAN	60.0 ..... 0.0					X		2,572,654	0	29,113
JOSHUA BALL ..... DIRECTOR	60.0 ..... 0.0	X						2,190,609	0	29,044
DARWIN JEYARAJ ..... PHYSICIAN	60.0 ..... 0.0					X		2,045,219	0	36,073
PAULA F BAKER ..... PRESIDENT AND CEO	54.0 ..... 13.5	X		X				1,292,834	323,209	381,773
THOMAS B COY ..... PHYSICIAN	60.0 ..... 0.0					X		1,750,547	0	29,887
TODD J TWISS ..... PHYSICIAN	60.0 ..... 0.0					X		1,473,300	0	33,955
CHANCE L MATTHIESEN ..... PHYSICIAN	60.0 ..... 0.0					X		1,445,202	0	34,073
JOHN M COX DO ..... DIRECTOR	60.0 ..... 0.0	X						1,070,382	0	29,354
STEVE GRADDY ..... CFO	50.0 ..... 10.0			X				598,622	119,724	103,226
DENNIS A ESTEP ..... CMO	60.0 ..... 0.0			X				501,594	0	36,421



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY MICHAEL CARRIE ..... CCO	60.0 ..... 0.0			X				413,126	0	65,947
LARRY MCINTIRE DO ..... DIRECTOR	60.0 ..... 0.0	X						410,482	0	9,182
KEVIN P GAUDETTE ..... VP REVENUE CYCLE	60.0 ..... 0.0				X			341,086	0	58,477
WESLEY B BRAMAN ..... VP BUSINESS DEVELOPMENT	60.0 ..... 0.0				X			283,198	0	45,340
LEONARD T ROLLINS ..... CHIEF INFORMATION OFFICER	60.0 ..... 0.0				X			261,707	0	33,692
MARY A FRERER ..... CHIEF HUMAN RESOURCE OFFICER	60.0 ..... 0.0				X			235,113	0	41,293
MICHAEL B SANDERS ..... CONTROLLER	60.0 ..... 0.0				X			183,524	0	17,788
RODNEY MCFARLAND MD ..... DIRECTOR	1.0 ..... 0.0	X						33,943	0	0
BRANDON C DAVIS ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
GLENN MITCH MCCUMBER ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN BROWN ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
J SCOTT BROTHERS ..... VICE CHAIR	1.0 ..... 0.0	X		X				0	0	0
JAMES FLEISCHAKER ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
JIM ARMSTRONG ..... SECRETARY/TREASURER	1.0 ..... 0.0	X		X				0	0	0
LANCE BESHORE PHD ..... CHAIR	1.0 ..... 0.0	X		X				0	0	0
MARK WILLIAMS ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

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) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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						
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2019.</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—2018.</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"/>						
<b>17a 10%-facts-and-circumstances test—2019.</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—2018.</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"/>						
<b>18 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 (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.) . .						
<b>14 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<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	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

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

2019

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (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		45,515
<b>j</b>	Total. Add lines 1c through 1i .....			45,515
<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>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 I-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 \$45,515, ARE ATTRIBUTABLE TO LOBBYING PURPOSES. ADDITIONALLY, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY OCCUR BUT ARE INSIGNIFICANT.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

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 . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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 . . . . .	66,903	68,952	63,894		
b Contributions . . . . .				60,000	
c Net investment earnings, gains, and losses	-5,290	701	7,498	6,294	
d Grants or scholarships . . . . .	2,468	2,750	2,440	2,400	
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	59,145	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 . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	8,054,521		13,091,693
b Buildings . . . . .		181,426,470	105,582,997	75,843,473
c Leasehold improvements		2,718,066	2,463,941	254,125
d Equipment . . . . .		154,595,925	118,783,679	35,812,246
e Other . . . . .		19,708,132	7,311,416	12,396,716
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				137,398,253

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	30,061,266

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>	553,101,757
<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>	-18,421,942
<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>	254,513
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-18,167,429
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	571,269,186
<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>	876,239
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	876,239
<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>	572,145,425

**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>	536,172,208
<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>	1,326,354
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,326,354
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	534,845,854
<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>	191,468
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,574,524
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,765,992
<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>	536,611,846

**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: \$ (191,468) INVESTMENT FEES (284,528) INVESTMENT IN PSC 730,509 NET ASSETS RELEASED FROM RESTRICTION ----- - \$ 254,513

# 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: \$ (323,434) COST OF GOODS SOLD (356,739) SPECIAL EVENTS (646,181) RENTAL EXPENSES 137,012 GRANTS FOR ACQUISITION OF PROPERTY & EQUIPMENT 775,585 TEMPORARILY RESTRICTED CONTRIBUTIONS 1,289,996 NET PSC REVENUE ----- \$ 876,239

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25: \$ 646,181 RENTAL EXPENSES 323,434 COST OF GOODS SOLD 356,739 SPECIAL EVENTS ----- \$ 1,326,354

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: \$ 1,574,524 PSC EXPENSES



SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No. 1545-0047
		2019
		Open to Public Inspection

Name of the organization FREEMAN HEALTH SYSTEM	Employer identification number 43-1704371
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

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

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

Revenue		(a) Event #1 <b>JEWELRY</b> (event type)	(b) Event #2 <b>NURSING CELEBRA</b> (event type)	(c) Other events <b>17</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	98,249	79,815	413,421	591,485
	<b>2</b> Less: Contributions . . . . .		71,882	47,125	119,007
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	98,249	7,933	366,296	472,478
Direct Expenses	<b>4</b> Cash prizes . . . . .			1,600	1,600
	<b>5</b> Noncash prizes . . . . .			1,844	1,844
	<b>6</b> Rent/facility costs . . . . .		1,754	2,452	4,206
	<b>7</b> Food and beverages . . . . .		18,215	700	18,915
	<b>8</b> Entertainment . . . . .		14,000		14,000
	<b>9</b> Other direct expenses . . . . .	75,601	7,097	233,476	316,174
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				356,739
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				115,739

**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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	<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 . . . . .				
Direct Expenses	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<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	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</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
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SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			18,946,033		18,946,033	3.530 %
b Medicaid (from Worksheet 3, column a) . . . . .			70,775,885	58,868,811	11,907,074	2.220 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			89,721,918	58,868,811	30,853,107	5.750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			633,146	230,086	403,060	0.080 %
f Health professions education (from Worksheet 5) . . . . .			4,478,131	2,171,910	2,306,221	0.430 %
g Subsidized health services (from Worksheet 6) . . . . .			3,072,333	1,370,369	1,701,964	0.320 %
h Research (from Worksheet 7) . . . . .			1,030,032		1,030,032	0.190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			773,366		773,366	0.140 %
j Total. Other Benefits . . . . .			9,987,008	3,772,365	6,214,643	1.160 %
k Total. Add lines 7d and 7j . . . . .			99,708,926	62,641,176	37,067,750	6.910 %

Part II

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
1	Physical improvements and housing					
2	Economic development					
3	Community support		70,000		70,000	0.010 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		48,500		48,500	0.010 %
9	Other		10,195		10,195	
10	Total		128,695		128,695	0.020 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

44,429,635

3

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.

3

1,543,930

4

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

5

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

5

137,601,166

6

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

6

132,658,650

7

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

7

4,942,516

8

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:

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

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

9a

Yes

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

9b

Yes

Part IV

Management Companies and Joint Ventures

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

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

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

How many hospital facilities did the organization operate during the tax year?  
**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
FREEMAN HEALTH SYSTEM**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****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. . . . . 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: <u>20 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? . . . . . 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: <u>20 18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input 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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input 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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input 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		
<b>j</b>	<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) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <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) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <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 <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**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>22</b>		
<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, 20a, 20b, 20c, 20d, 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)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

**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 COMMUNITY SUPPORT EXPENSES NOTED IN PART II RELATE TO FREEMAN'S CONTRIBUTIONS TO THE JOPLIN HUMANE SOCIETY, JOPLIN MEMORIAL RUN, 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 AND NEOSHO R-V SCHOOL DISTRICT.



**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, 2020. 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, 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 17.85%. FREEMAN HOSPITAL-JOPLIN IDENTIFIED 6.7% OF ITS GROSS HOSPITAL REVENUE OR BILLINGS COMING FROM UNINSURED PATIENTS. FREEMAN NEOSHO IDENTIFIED 13.7% 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, 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, 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, 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 HEALTH CARE 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 COMMUNICATES 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 FREEMAN'S FINANCIAL ASSISTANCE PROGRAM. THESE INCLUDE: - FREEMAN ADMISSIONS STAFF MEMBERS PERSONALLY INTERVIEW PATIENTS, BASED ON THE SETTING OF CARE (PRIOR TO SERVICES, AT TIME OF SERVICE, AND AFTER CARE PROVIDED), TO PROVIDE EDUCATION ON AVAILABLE BENEFITS. FREEMAN HELPS UNINSURED AND UNDERINSURED PATIENTS WITH STATE AND FEDERAL ASSISTANCE RESOURCES, AS WELL AS THE FREEMAN FINANCIAL ASSISTANCE PROGRAM. - FREEMAN CONTINUALLY PROVIDES EDUCATION TO EMPLOYEES, FROM CLINICAL STAFF TO VOLUNTEERS, REGARDING ITS FINANCIAL ASSISTANCE POLICY SO THEY CAN HELP CUSTOMERS LEARN ABOUT AVAILABLE RESOURCES. - FREEMAN'S ELIGIBILITY PARTNERS PROGRAM HELPS PATIENTS EXPLORE RESOURCES FOR FINANCIAL ASSISTANCE AND AFFORDABLE MEDICAL COVERAGE. PAYING FOR MEDICAL CARE CAN BE STRESSFUL, AND FREEMAN'S 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. 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 - ITS PRIMARY AND SECONDARY SERVICE AREAS - INCLUDES A POPULATION BASE OF MORE THAN 410,000 PEOPLE IN 11 LARGELY RURAL COUNTIES IN SOUTHWEST MISSOURI, SOUTHEAST KANSAS, AND NORTHEAST OKLAHOMA. INCOMES AND EDUCATION LEVELS LAG BEHIND NATIONAL AVERAGES, WHILE THE PERCENTAGE OF PEOPLE LIVING IN POVERTY IS HIGHER THAN THE NATIONAL AVERAGE.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH: FREEMAN IS NOT-FOR-PROFIT, LOCALLY OWNED, AND GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS COMPOSED OF INDIVIDUALS WHO LIVE IN THE COMMUNITIES SERVED B Y FREEMAN. ALL DECISIONS ABOUT WHAT HAPPENS AT FREEMAN ARE MADE LOCALLY-THIS GIVES FREEMAN THE ABILITY FOR NIMBLE RESPONSE TO THE HEALTHCARE NEEDS OF THE COMMUNITY. TO HELP STIMULA TE INTEREST IN HEALTH CAREERS AND BRING HEALTHCARE PROFESSIONALS TO AN UNDERSERVED AREA, F REEMAN REACHES OUT TO HIGH SCHOOL AND COLLEGE STUDENTS. THROUGH A SUMMER VOLUNTEER PROGRAM CALLED "FUTURES", STUDENTS SPEND SEVERAL WEEKS AT THE HOSPITAL, WORKING SIDE-BY-SIDE WITH NURSES AND DOCTORS. THIS EIGHT-WEEK PROGRAM HELPS STUDENTS GAIN A BETTER UNDERSTANDING OF WHAT IT IS LIKE TO WORK IN HEALTHCARE. PARTICIPATING STUDENTS CAN EARN A \$500 SCHOLARSHIP TO THE COLLEGE OF THEIR CHOICE. IN FY2020, "FUTURES" ACCEPTED 37 STUDENTS AND AWARDED 19 SCHOLARSHIPS TOTALING \$10,200. STUDENTS VOLUNTEERED IN A VARIETY OF DEPARTMENTS FROM ICU T O THE ED. THEY ALSO TOURED THE KCU-JOPLIN CAMPUS AND OBSERVED WORK IN FREEMANS CATH LAB. F REEMAN 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 PROGR AMS REDUCE STUDENT AND FACULTY ABSENTEEISM AND ENABLE PARENTS TO AVOID MISSING WORK TO TAK E CHILDREN TO UNSCHEDULED MEDICAL APPOINTMENTS. FREEMAN COLLABORATES WITH THE NEOSHO, SENE CA, MCDONALD COUNTY, AND CARL JUNCTION SCHOOL DISTRICTS TO PROVIDE SCHOOL-BASED CLINICS. F REEMAN HEALTH SYSTEM WORKS TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH A VARIETY OF COM MUNITY SERVICE PROGRAMS BOTH INSIDE AND OUTSIDE THE ORGANIZATION. AS A SYSTEM, FREEMAN PAR TICIPATES IN THE JOPLIN AREA CHAMBER OF COMMERCE AS A PLATINUM-LEVEL SPONSOR, WITH STAFF M EMBERS SERVING IN LEADERSHIP ROLES AND ON A VARIETY OF COMMITTEES. FREEMAN PROVIDES FINANC IAL SUPPORT FOR A MANY COMMUNITY SERVICE GROUPS, INCLUDING THE ALZHEIMER'S ASSOCIATION, AM ERICAN 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 CENT ER FOR THE ARTS, MARCH OF DIMES, NATIONAL MULTIPLE SCLEROSIS SOCIETY, RONALD MCDONALD HOUS E CHARITIES OF THE FOUR STATES, AND MANY OTHER LOCAL, REGIONAL, AND NATIONAL ORGANIZATIONS . 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 MEMBER'S VOLUNTEER OR FREEMAN PAYS THEM TO WORK FOR THE COMMUNITY THROUGH THESE ORGANIZATIONS. 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 MISS OURI TO SIGN THE HEALTHY FOOD IN HEALTHCARE PLEDGE. THE PLEDGE WAS FREEMAN'S FIRST STEP TO WARD IMPROVING COMMUNITY HEALTH THROUGH FOOD POLICY CHANGE. FREEMAN IS A FOUNDING MEMBER O F THE JOPLIN AREA FOOD ACTION NETWORK (JFAN) WHOSE GOAL IS TO ENSURE LOCAL RESIDENTS HAVE ACCESS TO HEALTHY, NUTRITIOUS FOOD, AN EFFORT KNOWN AS FOOD EQUITY. MEMBERS INCLUDE BUSINE SSES, NONPROFIT ORGANIZATIONS, LOCAL GOVERNMENT AGENCIES, FAITH-BASED ORGANIZATIONS, AND I NDIVIDUALS. JFAN WORKS TO INCREASE AWARENESS OF FOOD ACCESS, ENGAGE STAKEHOLDERS IN FOOD P OLICIES, COLLECT DATA TO BETTER UNDERSTAND FOOD INSECURITY, AND KICK-START COMMUNITY INITI ATIVES. ONE OF THE GREATEST BARRIERS TO IMPROVING HEALTH IS THE AVAILABILITY OF FRESH FOOD S. THE FREEMAN FARMERS MARKET HELPS COMBATS FOOD INSECURITY BY MAKING A VARIETY OF FRESH F OODS AVAILABLE MAY OCTOBER AT FREEMAN WEST, PROVIDING THE COMMUNITY WITH OPPORTUNITIES TO BUY FRESH, NUTRITIOUS FRUITS, VEGETABLES, AND OTHER FOODS DIRECTLY FROM LOCAL FARMERS. FRE EMAN HELPS WITH COMMUNITY-BUILDING BY OFFERING SOLUTIONS TO HELP MEET THE NEEDS OF SPECIFI C POPULATIONS, SUCH AS CHILDREN WITH AUTISM, CHILDREN WITH MEDICAL EXPENSES, CHILDREN WHO HAVE EXPERIENCED EMOTIONAL TRAUMA, AND SENIOR CITIZENS. 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 DIAGNOSTIC TEAM. AS A CHILDREN'S MIRACLE NETWORK HOSPITAL, FREEMAN RAISES MONEY TO HELP SICK AND INJURED CHILDREN WITH MEDICAL EXPENSES. T O ADDRESS CHIL D TRAUMA, FREEMAN AND OZARK CENTER OPERATE WILL'S PLACE TO PROVIDE THE COMMU NITY WITH A MUCH-NEEDED CHIL D TRAUMA TREATMENT CENTER. TO FURTHER PROMOTE THE HEALTH OF TH E AREA'S SENIOR POPULATION, FREEMAN ADVANTAGE OFFERS OPPORTUNITIES FOR LEARNING, TRAVEL, S OCIALIZING, AND HEALTHY LIVING TO ANYONE OVER THE AGE OF 50. THE PROGRAM ALSO INCLUDES MON THLY MEETINGS WHERE MEMBERS AND THE GENERAL PUBLIC</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>CAN HEAR A VARIETY OF EXPERTS SPEAK ABOUT A WIDE-RANGE OF HEALTH ISSUES. 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, AND MEDICAL SERVICES. THE MIRACLE SERVICE DOG PROGRAM IS PROVIDED IN CONJUNCTION WITH CHILDREN'S 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 NEEDS OF THE CHILD AND THEIR CONDITION. SERVICE DOGS CAN BE TRAINED TO RESPOND AND ALERT TO SEIZURES, REDIRECT REPETITIVE BEHAVIORS, TETHER AND LOCATE A WANDERING CHILD, INTERRUPT SELF-HARM, AND PERFORM COUNTLESS OTHER TASKS. ONE OF FREEMAN'S GOALS IS TO BECOME THE COMMUNITY'S BEST CORPORATE PARTNERS. FREEMAN DONATES TIME, RESOURCES, AND FUNDING AS AN ORGANIZATION, WHILE THOSE WORKING AT FREEMAN GIVE BACK TO THE COMMUNITY AS WELL. IN FY20, MEMBERS OF FREEMAN'S HEARTS &amp; HANDS TEAM (AN EMPLOYEE VOLUNTEER GROUP) COORDINATED 68 VOLUNTEER EVENTS WITH A TOTAL OF MORE THAN 1,065 SERVICE HOURS. THERE WERE 429 VOLUNTEER SLOTS FILLED, AND SOME OF THE EMPLOYEES WERE REPEAT VOLUNTEERS. OVER THE YEAR, FREEMAN PARTNERED WITH MORE THAN 30 NONPROFIT ORGANIZATIONS TO HELP WITH VARIOUS TASKS SUCH AS PREPARING AND SERVING MEALS, HOSTING HYDRATION STATIONS AT ORGANIZED CHARITY RUNS, AND HELPING AT LOCAL FOOD PANTRIES. PARTNERS HAVE INCLUDED GROUPS SUCH AS THE SALVATION ARMY, RAPHA HOUSE (HUMAN TRAFFICKING), SOUTHEAST KANSAS MINISTERIAL ALLIANCE, CHILDREN'S HAVEN, MOTHER-TO-MOTHER MINISTRY, SPECIAL OLYMPICS, CONNECT2CULTURE, DOWN SYNDROME GROUP OF THE OZARKS, CATHOLIC CHARITIES, JOPLIN HUMANE SOCIETY, AND MANY MORE. FREEMAN HEARTS &amp; HANDS TEAM ALSO PARTNERS WITH SCHOOLS IN JOPLIN, NEOSHO, CARL JUNCTION, SENECA, AND WEBB CITY, SUPPORTING THE SCHOOLS WITH VOLUNTEERS AT CARNIVALS, SCIENCE FAIRS, CONCESSION STANDS, AND MORE. ADDITIONALLY, FREEMAN HAS HELD MANY DRIVES TO COLLECT DONATIONS FOR ITEMS SUCH AS BLANKETS, WARM COATS, SNACKS FOR STUDENT BACKPACKS, SCHOOL SUPPLIES, SOCKS AND OTHER ITEMS NEEDED BY MEMBERS OF THE COMMUNITIES SERVED BY FREEMAN.</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, NUMEROUS CLINICS, 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	STATE FILING ON COMMUNITY BENEFIT REPORT: FREEMAN HEALTH SYSTEM IS INCORPORATED IN THE STATE OF MISSOURI AND FILES A COMMUNITY BENEFIT REPORT IN MISSOURI.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 43-1704371

**Name:** FREEMAN HEALTH SYSTEM

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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
1	FREEMAN HEALTH SYSTEM 1102 W 32ND ST JOPLIN, MO 64804 WWW.FREEMANHEALTH.COM/ 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.



<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.

**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 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

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 7A	CHNA URL: <a href="https://www.freemanhealth.com/about-us">HTTPS://WWW.FREEMANHEALTH.COM/ABOUT-US</a>

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 10	IMPLEMENTATION STRATEGY URL: <a href="https://www.freemanhealth.com/about-us">HTTPS://WWW.FREEMANHEALTH.COM/ABOUT-US</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 CANNOT 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 3415 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
1 FREEMAN MIDWEST ORTHOPAEDIC SURGERY 3105 MCCLELLAND BLVD JOPLIN, MO 64804	MEDICAL SERVICES
2 FREEMAN WOMEN'S CENTER 1532 W 32ND ST JOPLIN, MO 64804	MEDICAL SERVICES
3 URGENT CARE - JOPLIN 1130 E 32ND ST JOPLIN, MO 64804	MEDICAL SERVICES
4 FREEMAN WOUND CARE AND HOME CARE 3315 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
5 OCCUMED - JOPLIN 3201 MCCLELLAND BLVD JOPLIN, MO 64804	MEDICAL SERVICES
6 CH BENTLAGE MEDICAL CENTER 3202 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
7 FREEMAN CHILDREN'S CLINIC 1030 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
8 REHABILITATION AND SPORTS CENTER 2206 E 32ND STREET JOPLIN, MO 64804	MEDICAL SERVICES
9 URGENT CARE - WEBB CITY 1636 S MADISON WEBB CITY, MO 64870	MEDICAL SERVICES
10 FREEMAN NEUROSPINE 1905 W 32ND ST JOPLIN, MO 64804	MEDICAL SERVICES
11 FREEMAN EAR NOSE AND THROAT CENTER 1331 W 32ND ST JOPLIN, MO 64804	MEDICAL SERVICES
12 JOPLIN UROLOGYPHYSICIAN OFFICES 3302 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
13 FREEMAN SLEEP CENTERGERIATRIC CARE 931 E 32ND ST JOPLIN, MO 64804	MEDICAL SERVICES
14 HIGGINS MEDICAL BUILDING 1020 MCINTOSH 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 3333 MCINTOSH JOPLIN, MO 64804	MEDICAL SERVICES
1 FREEMAN CLINIC OF ANDERSON 510 PARK ST ANDERSON, MO 64831	MEDICAL SERVICES
2 PAIN MANAGMENT CENTER 3103 MCCLELLAND BLVD JOPLIN, MO 64804	MEDICAL SERVICES
3 DAVID A BALL MEDICAL BUILDING 1111 MCINTOSH CIRCLE DRIVE JOPLIN, MO 64804	MEDICAL SERVICES
4 FREEMAN MEDICAL PLAZA I 702 E 34TH ST JOPLIN, MO 64804	MEDICAL SERVICES
5 FREEMAN CLINIC OF CARTHAGE 719 W CENTENNIAL CARTHAGE, MO 64836	MEDICAL SERVICES
6 FREEMAN CLINIC OF BAXTER SPRINGS 322 E 11TH ST BAXTER SPRINGS, KS 66713	MEDICAL SERVICES
7 OCCUMED - CARTHAGE SPECIALTY CLINIC 1500 S CASE ST CARTHAGE, MO 64836	MEDICAL SERVICES
8 FREEMAN HEART AND VASCULAR INSTITUTE 1101 E 13TH STREET SUITE A B AND GROVE, OK 74344	MEDICAL SERVICES
9 FREEMAN HEART AND VASCULAR INSTITUTE 30 B STREET SW MIAMI, OK 74354	MEDICAL SERVICES
10 FREEMAN CARL JUNCTION FAMILY MEDICINE 104 S MAIN STREET JOPLIN, MO 64834	MEDICAL SERVICES
11 SENECA FAMILY MEDICINE 1606 OLIVE SENECA, MO 64865	MEDICAL SERVICES
12 FREEMAN HEALTH AND VASCULAR INSTITUTE 1902 S US HWY 59 BLDG E STE 202 PARSONS, KS 67357	MEDICAL SERVICES
13 FHS LAMAR FAMILY CARE 307 WEST 11TH STREET LAMAR, MO 64759	MEDICAL SERVICES
14 FHS PHYSICIAN GROUP OF PITTSBURG 1201 E CENTENNIAL 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 100 N PINE STREET PITTSBURG, KS 66762	MEDICAL SERVICES
<b>1</b> FREEMAN HEART AND VASCULAR INSTITUTE 307 N HOSPITAL DRIVE GIRARD, KS 66743	MEDICAL SERVICES
<b>2</b> FREEMAN LUNG INSTITUTE 1002 MCINTOSH CIRCLE JOPLIN, MO 64804	MEDICAL SERVICES
<b>3</b> FHS ORTHOPAEDICS AND SPORTS MED OF FT SC 401 WOODLAND HILLS BLVD FT SCOTT, KS 66701	MEDICAL SERVICES
<b>4</b> FREEMAN MIDWEST INTERNAL MEDICINE 608 WILLARD 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)

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

2019

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 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	193	158,407			
(2) MAMMOGRAMS	73	21,863			
(3) PRESCRIPTION, MEALS, TRANSPORTATION	1962	42,380			
(4) DIALYSIS PATIENT ASSISTANCE	36	12,462			
(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 2020, FREEMAN HEALTH SYSTEM PROVIDED ASSISTANCE THROUGH THE FOLLOWING PROGRAMS: *FHS CHILDREN'S MIRACLE NETWORK - \$158,407 WAS SPENT HELPING OVER 193 FAMILIES WITH MEDICINE, TRANSPORTATION AND LODGING. *HELPING FRIENDS MAMMOGRAM PROGRAM - \$21,863 WAS SPENT TO HELP 73 WOMEN WITH FREE MAMMOGRAPHY. *CHAPLAINS DISCRETIONARY FUND - \$42,380 WAS SPENT TO HELP OVER 1,962 WITH PRESCRIPTIONS/FREE MEALS OR TRANSPORTATION HOME. *DIALYSIS PATIENT ASSISTANCE - \$12,462 WAS SPENT HELPING 36 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
GEORGE A SPIVA CENTER FOR THE ARTS 222 W 3RD STREET JOPLIN, MO 64801	44-6006139	501(C)(3)	8,000				SUPPORT
COMMUNITY HEALTH CLINIC OF JOPLIN 701 SOUTH JOPLIN AVENUE JOPLIN, MO 64081	43-1643962	501(C)(3)	29,000				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
CROWDER COLLEGE 601 LACLEDE AVE NEOSHO, MO 64850	44-0668521	GOVT	72,525				SUPPORT
CONNECT2CULTURE 407 S PENNSYLVANIA AVE JOPLIN, MO 64801	45-1779223	501(C)(3)	30,000				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
JOPLIN MEMORIAL RUN PO BOX 3102 JOPLIN, MO 64801	45-4202274	501(C)(3)	25,000				SUPPORT
RONALD MCDONALD HOUSE PO BOX 2688 JOPLIN, MO 64803	43-1758397	501(C)(3)	28,275				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 3950 E NEWMAN ROAD JOPLIN, MO 64801	43-0907114	501(C)(3)	79,997				SUPPORT
CREATIVE LEARNING ALLIANCE 4000 S RANGELINE RD JOPLIN, MO 64804	82-5165061	501(C)(3)	25,000				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
BOYS & GIRLS CLUB OF SW MISSOURI 317 COMINGO JOPLIN, MO 64801	44-0627566	501(C)(3)	50,000				SUPPORT
CARL JUNCTION EDUCATION FOUNDATION 206 S RONEY CARL JUNCTION, MO 64834	43-1776822	501(C)(3)	14,000				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 R-VIII FOUNDATION 3901 EAST 32ND STREET JOPLIN, MO 64804	43-1664927	501(C)(3)	19,500				SUPPORT
MCDONALD COUNTY R-1 SCHOOL DISTRICT 100 MUSTANG DRIVE ANDERSON, MO 64831	43-1339582	GOVT	9,000				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
NEOSHO R-V SCHOOL DISTRICT 418 FAIRGROUND RD NEOSHO, MO 64850	43-1917195	GOVT	6,000				SUPPORT
OZARK CENTER 1105 E 32ND ST JOPLIN, MO 64804	43-0821959	501(C)(3)	389,979				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 HUMANE SOCIETY 140 E EMPEROR LANE JOPLIN, MO 64801	44-0664226	501(C)(3)	7,000				SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	6,000				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
BREAST CANCER FOUNDATION OF THE OZARKS 620 W REPUBLIC RD STE 107 SPRINGFIELD, MO 65807	43-1881450	501(C)(3)	10,000				SUPPORT
PITTSBURG STATE UNIVERSITY 1701 SOUTH BROADWAY PITTSBURG, KS 66762	48-6104332	GOVT	224,700				SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization FREEMAN HEALTH SYSTEM		Employer identification number 43-1704371

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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 idemnification 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>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>	
<b>2</b> 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 on Line 1a? . . .		<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization? . . . . .		<b>5a</b>	No
<b>b</b> Any related organization? . . . . .		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization? . . . . .		<b>6a</b>	Yes
<b>b</b> Any related organization? . . . . .		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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 . . . . .		<b>7</b>	No
<b>8</b> 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 . . . . .		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .		<b>9</b>	

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.

[illegible]



**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: \$ 266,023 PAULA BAKER \$ 65,098 STEVE GRADDY \$ 28,392 JEFFREY CARRIER \$ 21,205 WESLEY BRAMAN \$ 16,641 MARY FRERER \$ 27,849 KEVIN GAUDETTE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THROUGH FREEMAN NEOSHO HOSPITAL, A RELATED ORGANIZATION: \$ 66,506 PAULA BAKER \$ 13,020 STEVE GRADDY
SCHEDULE J, PART I, LINE 6A	MANAGEMENT COMPENSATION: FREEMAN HEALTH SYSTEM PROVIDES MANAGEMENT THE POTENTIAL TO RECEIVE AN AT-RISK PAYMENT BASED ON SYSTEM AND INDIVIDUAL GOAL ACHIEVEMENT. THE AMOUNT OF COMPENSATION IS BASED UPON A PERCENTAGE OF THE EMPLOYEE'S ANNUAL COMPENSATION AND IS SUBJECT TO BOARD APPROVAL.
SCHEDULE J, PART II, COLUMN (B)(II)	BONUS & INCENTIVE COMPENSATION: THE ORGANIZATION PROVIDES PHYSICIANS THE POTENTIAL TO RECEIVE ANNUAL BONUS COMPENSATION. PHYSICIAN BONUSES ARE CALCULATED BASED ON GENERATING WORKED RELATIVE VALUE UNITS (WRVU). EMPLOYMENT CONTRACTS SPECIFY THE NUMBER OF REQUIRED WRVUS (TO OBTAIN AN ANNUAL SALARY) AND THE ADDITIONAL BONUS COMPENSATION PHYSICIANS WILL RECEIVE ONCE THE REQUIRED WRVUS HAVE BEEN MET. ADDITIONAL BONUS COMPENSATION IS CALCULATED BY MULTIPLYING THE WRVUS IN EXCESS OF REQUIRED WRVUS TIMES A PREDETERMINED COMPENSATION FACTOR. WRVUS SHALL BE COMPUTED BY USE OF THE APPROVED MEDICARE METHODS OF COMPUTATION FOR PHYSICIAN PRACTICES.

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				
1DENNIS A ESTEP CMO	(i)	345,857	136,737	19,000	8,250	28,171	538,015	0
	(ii)	0	0	0	0	0	0	0
1JEFFREY MICHAEL CARRIER CCO	(i)	254,636	111,130	47,360	38,426	27,521	479,073	28,392
	(ii)	0	0	0	0	0	0	0
2JOSHUA BALL DIRECTOR	(i)	972,964	1,198,645	19,000	8,250	20,794	2,219,653	0
	(ii)	0	0	0	0	0	0	0
3LARRY MCINTIRE DO DIRECTOR	(i)	337,948	53,534	19,000	8,250	932	419,664	0
	(ii)	0	0	0	0	0	0	0
4PAULA F BAKER PRESIDENT AND CEO	(i)	632,811	373,691	286,332	285,002	20,417	1,598,253	266,023
	(ii)	158,203	93,423	71,583	71,250	5,104	399,563	66,506
5JOHN M COX DO DIRECTOR	(i)	839,799	215,109	15,474	8,250	21,104	1,099,736	0
	(ii)	0	0	0	0	0	0	0
6STEVE GRADDY CFO	(i)	352,653	177,260	68,709	71,973	14,049	684,644	65,098
	(ii)	70,530	35,452	13,742	14,395	2,809	136,928	13,020
7TODD J TWISS PHYSICIAN	(i)	1,152,916	302,834	17,550	8,250	25,705	1,507,255	0
	(ii)	0	0	0	0	0	0	0
8CHANCE L MATTHIESEN PHYSICIAN	(i)	885,168	541,034	19,000	8,250	25,823	1,479,275	0
	(ii)	0	0	0	0	0	0	0
9THOMAS B COY PHYSICIAN	(i)	1,398,931	334,216	17,400	8,250	21,637	1,780,434	0
	(ii)	0	0	0	0	0	0	0
10WILLIAM J NICHOLAS PHYSICIAN	(i)	2,216,007	337,647	19,000	8,250	20,863	2,601,767	0
	(ii)	0	0	0	0	0	0	0
11DARWIN JEYARAJ PHYSICIAN	(i)	701,125	1,344,094	0	8,250	27,823	2,081,292	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL B SANDERS CONTROLLER	(i)	169,445	3,079	11,000	0	17,788	201,312	0
	(ii)	0	0	0	0	0	0	0
13KEVIN P GAUDETTE VP REVENUE CYCLE	(i)	272,086	41,151	27,849	36,840	21,637	399,563	27,849
	(ii)	0	0	0	0	0	0	0
14WESLEY B BRAMAN VP BUSINESS DEVELOPMENT	(i)	226,708	35,285	21,205	21,053	24,287	328,538	21,205
	(ii)	0	0	0	0	0	0	0
15MARY A FRERER CHIEF HUMAN RESOURCE OFFICER	(i)	188,837	29,635	16,641	25,303	15,990	276,406	16,641
	(ii)	0	0	0	0	0	0	0
16LEONARD T ROLLINS CHIEF INFORMATION OFFICER	(i)	207,835	34,872	19,000	7,869	25,823	295,399	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)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FREEMAN HEALTH SYSTEM

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 HEALTH & EDUCATIONAL FACILITIES AUTHORITY OF MO	43-1178966	60637ADK5	12-20-2012	40,129,591	REFUND 1994-A BONDS AND 1998A BOND		X		X		X
C THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO	52-1299414		12-23-2014	7,000,000	CONSTRUCT, IMPROVE, AND EQUIP EAST		X		X		X
D THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JASPER CO	52-1351539		12-23-2014	5,000,000	ACQUIRE, CONSTRUCT, IMPROVE AND EQ		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	5,224,329		21,145,000		3,217,169		2,297,978	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	15,995,508		40,129,591		7,000,000		5,000,000	
4	Gross proceeds in reserve funds . . . . .	0		3,643,864		0		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		530,282		0		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		0		7,000,000		5,000,000	
11	Other spent proceeds . . . . .	15,995,508		36,042,809		0		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2008		1999		2016		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2 If "No" to line 1, did the following apply? . . . .								
a Rebate not due yet? . . . . .		X		X		X		X
b Exception to rebate? . . . . .	X			X		X		X
c No rebate due? . . . . .		X	X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X			X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider . . . . .	0		0		0		0	
c Term of hedge . . . . .								
d Was the hedge superintegrated? . . . . .								
e 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 DEEMED CURRENTLY REFUNDED AND TREATED AS REISSUED ON 06/18/2014.

Return Reference	Explanation
SCHEDULE K, PART I, LINE B, 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 I, LINES C & D	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 & SCHEDULE K-2, PART II, LINE 3, COLUMN B	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 11 & 14, COLUMN A	THE 2009 BONDS WERE REISSUED ON 6/18/2014 AND ALL SALE PROCEEDS WERE DEEMED TO CURRENTLY REFUND THE 2009 BONDS ON THAT DATE.

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

Return Reference	Explanation
SCHEDULE K & SCHEDULE K-2, PART III, COLUMN B	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, C, & D	THE HOSPITAL GENERALLY DOES NOT DISPOSE OF ANY BOND FINANCED PROPERTY PRIOR TO THE END OF ITS USEFUL LIFE.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN B	THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 12/1/2017.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMNS C & D	THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 12/1/2019.

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 instructions and the latest information.

OMB No. 1545-0047

2019

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	480639BL6	02-26-2015	40,712,377	REFUND 2004 BONDS		X		X		X
B THE INDUSTRIAL DEVELOPMENT AUTHORITY OF JOPLIN MO	52-1299414	480639CA9	02-04-2020	2,809,258	REFUND 1999C BONDS		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	6,280,000		0					
2	Amount of bonds legally defeased . . . . .	0		0					
3	Total proceeds of issue . . . . .	40,712,377		2,819,967					
4	Gross proceeds in reserve funds . . . . .	3,044,219		0					
5	Capitalized interest from proceeds . . . . .	0		0					
6	Proceeds in refunding escrows . . . . .	0		0					
7	Issuance costs from proceeds . . . . .	532,154		43,714					
8	Credit enhancement from proceeds . . . . .	0		0					
9	Working capital expenditures from proceeds . . . . .	0		0					
10	Capital expenditures from proceeds . . . . .	0		0					
11	Other spent proceeds . . . . .	37,248,410		2,775,000					
12	Other unspent proceeds . . . . .	0		1,253					
13	Year of substantial completion . . . . .	2008		2002					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					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							
<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						
<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 . . . . .	0.220 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0.220 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . .		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						
<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						
<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-2, PART I, LINE A, COLUMN F	THE SERIES 2004 BONDS WERE ORIGINALLY ISSUED ON 11/30/2004.

Return Reference	Explanation
SCHEDULE K-2, PART I, LINE B, COLUMN F	THE SERIES 1999C BONDS WERE ORIGINALLY ISSUED ON 09/21/2001.

Return Reference	Explanation
SCHEDULE K-2, PART II, LINE 11, COLUMN A	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 II, LINE 11, COLUMN B	THIS AMOUNT REPRESENTS \$2,775,000 USED TO REFUND THE SERIES 1999C BONDS ON 2/5/2020.

Return Reference	Explanation
SCHEDULE K-2, PART II, LINE 12, COLUMN B	THIS AMOUNT REMAINED IN THE COSTS OF ISSUANCE FUND AND WAS TRANSFERRED TO THE DEBT SERVICE FUND AND USED TO PAY INTEREST ON THE BONDS.

Return Reference	Explanation
SCHEDULE K-2, PART III, LINE 5, COLUMN A	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.

Return Reference	Explanation
SCHEDULE K-2, PART IV, LINE 2C, COLUMNS A	ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 2/15/2020.



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 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 the 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	74,973	EMPLOYEE COMPENSATION		No
(2) ADAM GRADDY	SEE PART V	88,644	EMPLOYEE COMPENSATION		No
(3) KENT MCINTIRE	SEE PART V	662,713	EMPLOYEE COMPENSATION		No
(4) MICHAELA BENNETT	SEE PART V	62,592	EMPLOYEE COMPENSATION		No
(5) SCOTT MCCLINTICK	SEE PART V	699,261	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) MICHAELA FRERER IS THE DAUGHTER OF KEY EMPLOYEE MARY FRERER (5) SCOTT MCCLINTICK IS THE SON-IN-LAW OF BOARD MEMBER RODNEY MCFARLAND

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<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No. 1545-0047
			<b>2019</b>
Department of the Treasury Internal Revenue Service			<b>Open to Public Inspection</b>
Name of the organization FREEMAN HEALTH SYSTEM		Employer identification number  43-1704371	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>ORGANIZATION'S MISSION: FREEMAN HEALTH SYSTEM, NOT-FOR-PROFIT AND LOCALLY GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS, PROVIDES FULL-SERVICE HEALTHCARE TO SOUTHWEST MISSOURI, SOUTHEAST KANSAS, NORTHEAST OKLAHOMA, AND NORTHWEST ARKANSAS. A THREE-HOSPITAL HEALTH SYSTEM, FREEMAN PROVIDES COMPREHENSIVE SERVICES INCLUDING CANCER CARE, HEART CARE, ORTHOPAEDICS, NEUROSURGERY, WOMEN'S SERVICES, AND BEHAVIORAL HEALTHCARE. FREEMAN ACCEPTS MEDICAID AND MEDICARE PATIENTS AND OFFERS FINANCIAL ASSISTANCE AND PAYMENT PLANS, PROVIDING A SAFETY NET TO THE LOCAL POPULATION WITH HOUSEHOLD INCOMES BELOW \$25,000. FREEMAN ASKS ALL EMPLOYEES AND VOLUNTEERS TO EMBRACE THE MISSION OF IMPROVING THE HEALTH OF THE COMMUNITIES SERVED THROUGH CONTEMPORARY, INNOVATIVE, QUALITY HEALTHCARE SOLUTIONS. THE FREEMAN MEDICAL TEAM, WHICH INCLUDES MORE THAN 300 PHYSICIANS REPRESENTING 60 SPECIALTIES, USES THE LATEST TECHNIQUES, BEST PRACTICES AND TECHNOLOGIES TO PROVIDE LIFESAVING MEDICAL CARE, PROVIDING CONSTITUENTS WITH THE HEALTHCARE THEY NEED RIGHT IN THEIR OWN BACKYARD. JOPLIN-AREA PATIENTS DO NOT HAVE TO TRAVEL TO BIG CITIES TO RECEIVE HEART INTERVENTIONS, CARDIOTHORACIC SURGERIES, NEUROSURGERIES, PAIN THERAPIES, INTENSIVE CARE, TRAUMA CARE, AND ADVANCED DIAGNOSTIC SERVICES. THE CLOSE-TO-HOME AVAILABILITY OF ADVANCED HEALTHCARE SERVICES EASES STRESS ON PATIENTS AND THE BURDEN ON FAMILIES. GRADUATE MEDICAL EDUCATION FREEMAN CURRENTLY OFFERS RESIDENCY PROGRAMS IN INTERNAL MEDICINE, EMERGENCY MEDICINE, OTOLARYNGOLOGY, AND PSYCHIATRY (THROUGH OZARK CENTER). ADDITIONALLY, FREEMAN GRADUATE MEDICAL EDUCATION IS DEVELOPING A FAMILY MEDICINE RESIDENCY PROGRAM, EXPECTED TO LAUNCH IN 2022. FREEMAN HEALTH SYSTEM ALSO HAS A PHARMACY RESIDENCY PROGRAM. THIS POST-GRADUATE, YEAR-ONE PROGRAM RECEIVED A SIX-YEAR ACCREDITATION FROM THE AMERICAN SOCIETY OF HEALTH SYSTEM PHARMACISTS, THE ONLY PHARMACY RESIDENCY ACCREDITING BODY. IN ADDITION TO RESIDENCY PROGRAMS, FREEMAN IS A CLINICAL CORE SITE FOR THIRD- AND FOURTH-YEAR MEDICAL STUDENTS FROM KCU, PROVIDING CLINICAL ROTATIONS TO MORE THAN 100 MEDICAL STUDENTS EACH YEAR, AS WELL AS MANY VISITING STUDENTS FROM ACROSS THE COUNTRY. IN THE SUMMER OF 2019 FREEMAN AGREED TO RECEIVE 60 ADDITIONAL 3RD-YEAR MEDICAL STUDENTS WHO ARE A PART OF THE FIRST CLASS OF KCU-JOPLIN MEDICAL STUDENTS. PHYSICIANS OFTEN DECIDE TO SET UP THEIR PRACTICES IN THE CITY WHERE THEY COMPLETED THEIR CLINICAL ROTATIONS OR RESIDENCY; HENCE, FREEMAN GRADUATE MEDICAL EDUCATION PROGRAMS HELP ATTRACT PHYSICIANS TO THE AREA THAT FREEMAN SERVES, WHICH IS CONSIDERED TO BE MEDICALLY UNDERSERVED (DOESN'T HAVE ENOUGH PRIMARY CARE DOCTORS). THE PHYSICIAN-TRAINING PROGRAM IN PLACE AT FREEMAN DATES BACK MORE THAN 40 YEARS. AS A TEACHING HOSPITAL, FREEMAN PLAYS A KEY ROLE IN THE EDUCATION AND TRAINING OF PHYSICIANS IN MISSOURI, AND KCU HAS ACKNOWLEDGED FREEMAN AS ITS ACADEMIC CENTER IN JOPLIN. IN 2017, FREEMAN HEALTH SYSTEM WAS NAMED A TOP TEACHING HOSPITAL BY THE LEAPFROG GROUP, AN INDEPENDENT HOSPITAL</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>AL WATCHDOG ORGANIZATION. FREEMAN WAS ONE OF TWO HOSPITALS IN MISSOURI AND 36 NATIONALLY TO RECEIVE THIS HONOR. COORDINATED CARE PARTNERSHIP THIS FOUR-YEAR PROJECT IS FOCUSED ON ENGAGING PATIENTS WITHOUT PCPS WHO VISITED THE FREEMAN ED 6+ TIMES PER YEAR. A LCSW AND COMMUNITY HEALTH NAVIGATOR PROVIDE THERAPY AND SOCIAL/BEHAVIORAL RESOURCES AND SUPPORTS FOR COMPLEX PATIENTS. THE PROJECT IS HALF-WAY THROUGH, AND MOVING FORWARD, ALL PATIENTS OF FREEMAN CENTER FOR GERIATRIC MEDICINE WILL BE ASSESSED FOR RISK (ED VISITS, HOSPITALIZATIONS, MULTIPLE CHRONIC ILLNESS, POLYPHARMACY, ETC.) AND ADDITIONAL PSYCHOSOCIAL RESOURCES PROVIDED. ALSO, THE CLINIC HAS A GOAL TO PROVIDE A MEDICARE ANNUAL WELL VISIT TO EVERY PATIENT EVERY YEAR. NEW REIMBURSEMENT STREAMS TO SUPPORT THE EXPANDED CLINIC STAFF WILL INCLUDE CHRONIC CARE MANAGEMENT, TRANSITIONAL CARE MANAGEMENT, BEHAVIORAL THERAPY, AND ADVANCED CARE PLANNING. CDC CHILDHOOD OBESITY RESEARCH DEMONSTRATION THIS FIVE-YEAR RESEARCH PROJECT LAUNCHED SPRING 2019, AND PARTNERS FREEMAN PEDIATRIC CLINICS WITH WASHINGTON UNIVERSITY AND CHILDRENS MERCY KC. FOR THE FIRST TIME, LOW-INCOME CHILDREN WITH OBESITY WILL BE OFFERED AN EVIDENCE-BASED TREATMENT: FAMILY BASED THERAPY FOR OBESITY. CHILDREN ARE IDENTIFIED BY A PEDIATRICIAN, CONSULT WITH A DIETICIAN, AND RECEIVE 26 HOURS OF PARENT-CHILD THERAPY OVER SIX MONTHS DELIVERED BY AN LCSW. ONLINE TRAINING FOR PROVIDERS, DIETICIANS, AND BEHAVIORAL INTERVENTIONISTS WILL BE INCLUDED IN THE PACKAGE, AS WILL WEIGHT MANAGEMENT RESOURCES FOR FAMILIES AND COMMUNITY. FREE SPORTS PHYSICALS FOR 28 YEARS, FREEMAN ORTHOPAEDICS &amp; SPORTS MEDICINE AND FREEMAN REHABILITATION SERVICES HAVE PROVIDED FREE ANNUAL PRESEASON PHYSICAL EXAMS FOR HUNDREDS OF MIDDLE SCHOOL, HIGH SCHOOL, AND COLLEGE ATHLETES ATTENDING AREA SCHOOLS. DOZENS OF VOLUNTEERS, INCLUDING DOCTORS, NURSES, PHYSICAL THERAPISTS, AND OTHER CLINICIANS, ASSIST WITH THE EXAMS, SCHEDULED AT VARIOUS TIMES AND LOCATIONS. A HUGE COMMUNITY BENEFIT, THIS PROGRAM HELPS AN ESTIMATED 2,000 FAMILIES EACH YEAR BY PROVIDING REQUIRED MEDICAL EXAMINATIONS FREE OF CHARGE. ON A RELATED NOTE, FREEMAN ORTHOPAEDIC SURGEON DR. ROBERT T MEDICAL CONTINUED OFFERING FREE SATURDAY MORNING SPORTS INJURY CLINICS IN FY20 TO PROVIDE STUDENT ATHLETES WITH FREE MEDICAL CARE FOR INJURIES SUSTAINED DURING THE PREVIOUS WEEKS GAMES. FREEMAN ORTHOPAEDIC SURGEON DR. MICHAEL ZAFUTA OFFERED THE SAME SORT OF FREE CLINIC IN PITTSBURG TO SERVE STUDENTS IN SOUTHEAST KANSAS. BOTH OF THESE CLINICS ARE A GREAT COMMUNITY BENEFIT FOR THE FAMILIES OF INJURED ATHLETES. FREE MAMMOGRAMS TEAMING UP WITH BRISTOL CANCER FOUNDATION OF THE OZARKS, FREEMAN HEALTH SYSTEM HELD A FREE SCREENING MAMMOGRAM EVENT TO HELP UNINSURED AND UNDERINSURED INDIVIDUALS ON APRIL 10, 2019, AT WES &amp; JAN HOU SER WOMENS PAVILION. BREAST CANCER TYPICALLY PRODUCES NO SYMPTOMS WHEN THE TUMOR IS SMALL AND MOST EASILY TREATED. THATS WHY EARLY DIAGNOSIS IS ESSENTIAL. THIS EVENT HELPED THOSE WHO COULD NOT AFFORD A MAMMOGRAM</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>M. CHAPLAINS FUND THROUGH THE CHAPLAINS FUND, FREEMAN OFFERS HELP TO PATIENTS UPON DISMISSAL FROM THE HOSPITAL - SOMETIMES PATIENTS CAN'T AFFORD A NEEDED PRESCRIPTION OR DON'T HAVE A WAY TO GET HOME. THE CHAPLAINS FUND PAYS FOR MEALS OR PROVIDES GAS MONEY FOR A RELATIVE TO DRIVE TO THE HOSPITAL TO PICK UP THE PATIENT. THE CHAPLAINS FUND PROVIDES MEAL VOUCHERS, TAXI VOUCHERS, VOUCHERS FOR PERSONS WITH SPECIAL MOBILITY NEEDS, AND GAS VOUCHERS FOR THOSE WHO HAVE EMPTY TANKS. THE CHAPLAINS FUND ALSO PROVIDES YMCA VOUCHERS FOR PATIENTS' LOVED ONES WHO HAVE DIFFICULTY GETTING HOME TO SHOWER. IN FY20, CHAPLAINS MADE 30,794 VISITS AND RESPONDED TO 282 CODES, 673 DEATHS, 197 PRIORITY ONE TRAUMAS/MEDICALS, AND 231 WITHDRAWALS OF CARE. THEY MADE 2,554 VISITS TO PALLIATIVE PATIENTS AND ISSUED 1,962 VOUCHERS FOR FOOD, TRANSPORTATION, OR FUEL. IN FY20, THE CHAPLAINS FUND PROVIDED A COMMUNITY BENEFIT OF 42,380 THROUGH ASSISTANCE FOR PRESCRIPTIONS, TRANSPORTATION, MEALS AND OTHER ISSUES TO 1,962 PEOPLE. PHARMACY HELPING PATIENTS WHO ARE UNABLE TO PAY FOR THEIR PHARMACY NEEDS IS ONE EXAMPLE OF WHAT IS POSSIBLE DUE TO THE CONTRIBUTIONS MADE TO THE FREEMAN 340B PROGRAM. EACH CASE IS EVALUATED INDIVIDUALLY FROM MANY ANGLES AND GUIDELINES TO HELP ENSURE PRUDENT USE THESE SCARCE HEALTHCARE FUNDS. MAINTAINING COMPLIANCE WITHIN THE 340B PROGRAM AND ALL STATE AND FEDERAL LAWS, FREEMAN HELPS MANY PEOPLE WHO CANNOT AFFORD THEIR PRESCRIPTIONS. THIS IS JUST ANOTHER WAY FREEMAN PROVIDES CARE TO THE COMMUNITY. IN FY20, FREEMAN PHARMACY ASSISTANCE TOTALLED MORE THAN \$1,845,000. JOB SHADOWING IN FY20, FREEMAN DOCTORS, CLINICIANS, AND OTHER HEALTHCARE PROFESSIONALS SPENT 1,857 HOURS FULFILLING JOB SHADOWING REQUESTS FROM MEMBERS OF THE COMMUNITY. THESE INCLUDED SHADOWING IN THE HOSPITALS, PHYSICIAN PRACTICES, THE OR, THE NICU, AND MANY ADDITIONAL DEPARTMENTS AND OUTPATIENT LOCATIONS. THIS TIME HAS A VALUE OF \$43,750, CALCULATED AT THE \$23.56 STATE VOLUNTEER RATE. SAFETY NET FOR THE COMMUNITY FREEMAN PROVIDES EMERGENT CARE FOR ALL WHO ENTER ITS DOORS, REGARDLESS OF THE PATIENTS ABILITY TO PAY OR INSURANCE STATUS. FREEMAN ENDEAVORS TO GIVE PATIENTS MORE OPTIONS FOR PAYING THEIR BILLS, INCLUDING SETTING UP PAYMENT PLANS FOR QUALIFYING PATIENTS, A PROGRAM THAT PROVES ESPECIALLY BENEFICIAL TO PEOPLE WHO HAVE HEALTH INSURANCE, BUT LACK FUNDS TO PAY LARGE DEDUCTIBLES, CO-PAYMENTS, OR OUT-OF-POCKET EXPENSES. FREEMAN ALSO OFFERS A 40 PERCENT SELF-PAY DISCOUNT TO THOSE WITHOUT INSURANCE, BUT MANY STILL CANNOT PAY FOR THEIR MEDICAL CARE. HELPING THE COMMUNITY FREEMAN HELPS MANY ORGANIZATIONS THAT, IN TURN, HELP SOME OF THE MOST FRAGILE MEMBERS OF THE COMMUNITY. FOR INSTANCE, FREEMAN LEASES LAND TO RONALD MCDONALD HOUSE CHARITIES OF THE FOUR STATES FOR \$1 PER YEAR, AND FREEMAN MAINTAINS THE GROUNDS AND PROVIDES HOUSEKEEPING SERVICES, SERVICES WITH AN ANNUAL RETAIL VALUE OF \$9,000.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>ORGANIZATION'S MISSION (CONTINUED): CAREERS FREEMAN HEALTH SYSTEM CONTRIBUTES TO THE HEALTH OF THE COMMUNITY BY CREATING A WIDE RANGE OF CAREER OPPORTUNITIES. PROFESSIONALS IN MANY FIELDS AT FREEMAN EARN ABOVE-AVERAGE WAGES AND SALARIES, AND THE BENEFITS FREEMAN OFFERS HELP ATTRACT AND MAINTAIN AN AFFLUENT MIDDLE CLASS, WHOSE MEMBERS BUY HOMES, SPEND MONEY, AND BOOST THE AREA ECONOMY. IN FY20, FREEMAN HEALTH SYSTEM PROVIDED PAYROLL AND BENEFITS TOTALING \$255,000,000. NURSING SCHOLARSHIPS FREEMAN AUXILIARY GAVE \$14,000 TO SEVEN LOCAL NURSING PROGRAMS - CARTHAGE TECHNICAL CENTER, CROWDER COLLEGE, FRANKLIN TECHNICAL CENTER, LABETTE COMMUNITY COLLEGE, MISSOURI SOUTHERN STATE UNIVERSITY, NORTHEASTERN OKLAHOMA A&amp;M COLLEGE, AND PITTSBURG STATE UNIVERSITY EACH RECEIVED \$2,000. IT IS IMPORTANT TO HAVE A STRONG FOUNDATION OF CAREGIVERS, ESPECIALLY NURSING PROFESSIONALS. IN RECOGNITION OF THE IMPORTANCE OF NURSES, FREEMAN SET UP THE NURSING EDUCATION FUND, WHICH PROVIDES FREEMAN NURSES FINANCIAL ASSISTANCE OPPORTUNITIES TO ADVANCE THEIR EDUCATION AND KNOWLEDGE. THE FUND SUPPORTS CERTIFICATIONS, ADVANCED DEGREES, AND ADVANCED JOB-RELATED TRAINING. THESE EDUCATIONAL PURSUITS WOULD NOT BE POSSIBLE WITHOUT GENEROUS SUPPORT FROM SPONSORS AND BENEFACTORS, COORDINATED THROUGH THE FREEMAN DEVELOPMENT OFFICE. IN FY20, FREEMAN HOSTED THE FOURTH ANNUAL CELEBRATING NURSES GALA TO HONOR NURSES WITH NURSING SPIRIT AWARDS AND FINANCIAL GIFTS FOR CONTINUING EDUCATION. THE EVENT ALSO RAISED MONEY FOR THE NURSING EDUCATION FUND. DONOR COUNCIL FREEMAN DONOR COUNCIL, COMPOSED OF FREEMAN CAREGIVERS WHO VOLUNTEER THEIR TIME TO PROMOTE ORGAN, EYE, AND TISSUE DONATION AWARENESS, HAS PROVIDED EDUCATION TO PATIENTS FOR DECADES. FREEMAN DONOR COUNCIL ALSO HOLDS A TREE OF HONOR CEREMONY EACH FALL TO RECOGNIZE THOSE WHO GAVE THE GIFT OF LIFE THROUGH ORGAN, EYE, AND TISSUE DONATION. FREE SUPPORT GROUPS FREEMAN FOSTERS THE HEALTH OF THE COMMUNITY BY HOSTING MANY RELEVANT SUPPORT GROUPS. FY20 SUPPORT GROUPS INCLUDED OZARK CENTER AUTISM SUPPORT GROUP, FREEMAN CANCER SUPPORT GROUP, FREEMAN BREAST CANCER SUPPORT GROUP, FREEMAN BARIATRIC WEIGHT LOSS SUPPORT GROUP, FREEMAN DIABETES SUPPORT GROUP WITH SEPARATE MEETINGS FOR TYPE 1 AND TYPE 2 DIABETES, AND FREEMAN SLEEP APNEA SUPPORT GROUP. ALL FREEMAN SUPPORT GROUPS ARE FREE AND OPEN TO THE PUBLIC. IN ADDITION TO PROVIDING FACILITIES AND STAFF TO FACILITATE THE SUPPORT GROUP MEETINGS, FREEMAN PROVIDES COMMUNITY OUTREACH BY PUBLICIZING THESE MEETINGS ON THE FREEMAN HEALTH SYSTEM WEBSITE, FREEMANHEALTH.COM. BLOOD DRIVES FREEMAN SUPPORTS COMMUNITY BLOOD CENTER OF THE OZARKS BY HOSTING BLOOD DRIVES THROUGHOUT THE YEAR. IN FY20, FREEMAN HOSPITAL WEST HOSTED SIX BLOOD DRIVES AND COLLECTED 460 BLOOD DONATIONS. FREEMAN AUXILIARY FREEMAN AUXILIARY RAISES FUNDS AND PROVIDES VOLUNTEER SERVICES TO BENEFIT PATIENTS, STAFF, VISITORS, AND THE COMMUNITY. IN FY20, FREEMAN AUXILIARY PROVIDED SUPPORT FOR: - BILL &amp; VIRGINIA LEFFEN CENTER FOR AUTISM \$8,500 - CANCER</p>

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FORM 990, PART I, LINE 1	<p>INSTITUTE REFRESHMENTS FOR PATIENTS IN CHEMOTHERAPY \$6,000 - CANCER INSTITUTE SPONSORSHIP OF HOPE SOARS PICNIC \$2,500 - CANCER INSTITUTE AWNING PROJECT - \$2,846 - CARDIAC BEARS FOR HEART PATIENTS \$4,160 - CHILDREN'S MIRACLE NETWORK HOSPITALS \$15,000 - CHAPLAINS FUND \$10 ,000 - FREEMAN NEOSHO SNACKS FOR PATIENTS IN INFUSION CENTER \$500 - MAMMOGRAM FINANCIAL AID \$300 - NURSING EDUCATION/RED CARPET EVENT SPONSORSHIP - \$10,000 - NURSING SCHOOL SUPPORT \$14,000 - OZARK CENTER TURNAROUND RANCH \$15,000 - RONALD MCDONALD HOUSE CHARITIES OF THE FOUR STATES \$20,000 - LEARNING CENTER VAN \$20,000 - STUDENT VOLUNTEER PROGRAM \$2,659 - STU DENT VOLUNTEER PROGRAM SCHOLARSHIPS \$4,250 - DIALYSIS PATIENT ASSISTANCE FUND - \$10,000 - SCOOTERS &amp; WHEELCHAIR TRACKERS \$6,466 - SLEEP APNEA FUND 2,000 TOTAL AUXILIARY CONTRIBUTIO NS: \$154,181 IN DECEMBER 2019, FREEMAN AUXILIARY AND FREEMAN VOLUNTEERS COLLECTED TOYS, BO OKS, MITTENS, AND OTHER ITEMS TO DONATE TO PARENTS STAYING AT RONALD MCDONALD HOUSE CHARIT IES OF THE FOUR STATES DURING THE HOLIDAYS. PARENTS WITH A CRITICALLY ILL CHILD IN HOSPITA L EXPERIENCE A LOT OF ANXIETY, AND THESE GIFTS PROVIDE RELIEF, SO THEY DONT HAVE TO WORRY ABOUT BUYING GIFTS FOR THE FAMILY. THIS IS ESPECIALLY HELPFUL FOR FAMILIES WHO HAVE OTHER CHILDREN LOOKING FORWARD TO CHRISTMAS GIFTS UNDER THE TREE. HEART WALK FREEMAN HEALTH SYST EM EMPLOYEES CONTINUED THEIR PLEDGE TO MAKE THE AREA A HEALTHIER PLACE TO LIVE BY JOINING THE 2019 FOUR STATES HEART WALK. SEVERAL TEAMS FROM FREEMAN REGISTERED TO WALK AND RAISE M ONEY. FUNDS RAISED WENT TO THE AMERICAN HEART ASSOCIATION FOR RESEARCH, PUBLIC HEALTH EDUC ATION, AND PROVIDING SCIENCE-BASED TREATMENT GUIDELINES TO HEALTHCARE PROFESSIONALS. CHILL Y 5K TO GET 2020 OFF ON THE RIGHT FOOT, FREEMAN HEALTH SYSTEM SPONSORED THE JOPLIN FAMILY Y'S CHILLY 5K AND KIDS FROZEN FUN RUN ON JANUARY 1. PROCEEDS BENEFITTED THE JOPLIN FAMILY Y. JOPLIN MEMORIAL RUN FREEMAN HEALTH SYSTEM IS THE TITLE SPONSOR OF THE JOPLIN MEMORIAL R UN, A RACING EVENT THAT DRAWS COMPETITORS FROM ACROSS THE NATION. SINCE 2012, THE JOPLIN M EMORIAL RUN HAS DONATED \$250,000 TO THE UNITED WAY OF SOUTHEAST KANSAS AND SOUTHWEST MISSO URI, REBUILD JOPLIN, BRIGHT FUTURES, AND BILL &amp; VIRGINIA LEFFEN CENTER FOR AUTISM TO HELP WITH TORNADO RELIEF AND RECOVERY. JOPLIN CHRISTMAS PARADE FOR THE SIXTH YEAR IN A ROW, FRE EMAN HEALTH SYSTEM MANAGED THE JOPLIN CHRISTMAS PARADE. FREEMAN DONATED COUNTLESS LABOR-HO URS TO ORGANIZE AND ORCHESTRATE THE PARADE, A COMMITMENT THAT INCLUDED PUBLICIZING THE EVE NT, COORDINATING PARADE ENTRIES, ENSURING THE PARADE FLOWED SMOOTHLY, AWARDING PRIZES, AND MORE. FREEMAN WAS CHOSEN TO MANAGE THE PARADE FOR TWO REASONS - ITS PROVEN ABILITY TO SUC CESSFULLY COMMUNICATE WITH BOTH THE CITY AND THE CITIZENS OF JOPLIN AND ITS ABILITY TO MOB ILIZE A GROUP OF VOLUNTEERS WHO COULD HANDLE A PARADE OF THAT MAGNITUDE. FREEMAN HEALTH TR AUMA CONFERENCE TRAUMA IS THE LEADING CAUSE OF DEATH FOR THOSE AGED 1-14 NATIONWIDE AND RE SULTS IN TEMPORARY OR PERMANEN</p>



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FORM 990, PART I, LINE 1	<p>T DISABILITY FOR MILLIONS EACH YEAR. THE FREEMAN HEALTH TRAUMA CONFERENCE, SPONSORED BY FREEMAN HEALTH SYSTEM, THE KU MEDICAL CENTER OFFICE OF CONTINUING MEDICAL EDUCATION, AND THE KU MEDICAL CENTER AREA HEALTH EDUCATION CENTER, WAS HOSTED BY FREEMAN HOSPITAL WEST NOVEMBER 1, 2019. THIS CONFERENCE PROVIDED A FORUM FOR PARTICIPANTS FROM A WIDE RANGE OF MEDICAL DISCIPLINES TO ENGAGE AND COLLABORATE. TOPICS OF DISCUSSION INCLUDED EMERGING TRENDS, CUTTING EDGE TREATMENT INTERVENTIONS, MEDICAL ADVANCES TO MINIMIZE OR PREVENT COMPLICATIONS, AND IDENTIFICATION OF CRITICAL CONCERNS IN THE CONTINUUM OF CARE FOR ADULT AND PEDIATRIC TRAUMA PATIENTS. ADVANCE MEDICAL DIRECTIVES APRIL 12, 2019 FREEMAN ENCOURAGES INDIVIDUALS TO MAKE TO MAKE THEIR WISHES KNOWN THROUGH ADVANCE MEDICAL DIRECTIVES. AMDS LET LOVED ONES KNOW OF PATIENTS WISHES FOR MEDICAL TREATMENT IF THE PATIENT SHOULD BECOME INCAPACITATED OR UNABLE TO COMMUNICATE. FREEMAN OBSERVED NATIONAL HEALTHCARE DECISIONS DAY APRIL 16, 2019, BY PROVIDING FREE INFORMATION AND ASSISTANCE IN COMPLETING AMDS, AND NOTARY SERVICES TO HELP COMPLETE OFFICIAL FORMS. FREEMAN FAMILY FUN RUN FREEMAN FAMILY FUN RUN AND 5K, HELD APRIL 6, 2019, WAS THE SECOND LARGEST EVENT SINCE ITS INCEPTION. THE EVENT DREW 343 PARTICIPANTS AND 50 VOLUNTEERS. A PORTION OF THE PROCEEDS BENEFITED FREEMAN NICU.</p>

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FORM 990, PART III, 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 AREA'S 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 SYSTEM'S MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH CONTEMPORARY, INNOVATIVE, QUALITY HEALTHCARE SOLUTIONS. FREEMAN IS A LEVEL I STEMI CENTER (SEVERE HEART ATTACK), LEVEL II STROKE CENTER, AND A LEVEL II TRAUMA CENTER, MEANING FREEMAN HAS PROVEN ITS ABILITY TO PROVIDE RAPID, EXPERT CARE TO HELP SAVE PATIENTS FROM DISABILITY AND DEATH. ADDITIONALLY, FREEMAN HAS A LEVEL III NICU FOR THE CARE OF CRITICALLY ILL INFANTS AND BABIES BORN PREMATURELY. SITUATED IN THE HEART OF A LARGE RURAL AREA, FREEMAN HEALTH SYSTEM IS THE HUB OF MEDICAL ACTIVITY FOR AN AREA THAT EXTENDS THROUGH MISSOURI, KANSAS, OKLAHOMA, AND ARKANSAS. FREEMAN PROVIDES TOP-LEVEL CARE TO THE COMMUNITIES IT SERVES, AND CONTINUALLY STRIVES TO IMPROVE, ENHANCE, AND ADD SERVICES TO MEET THE NEEDS OF ITS CONSTITUENTS. DURING THE LATTER PART OF FY20, FREEMAN PUT PLANS IN PLACE FOR COVID-19, ALTHOUGH THE PANDEMICS GREATEST EFFECTS CAME LATER IN THE YEAR FOR THE AREAS SERVED BY FREEMAN. AS EARLY AS MARCH, FREEMAN HAD SET UP ADDITIONAL ISOLATION UNITS FOR COVID PATIENTS AND BEGAN HOLDING DAILY MEDIA BRIEFINGS TO EDUCATE THE PUBLIC AND KEEP MEDIA CURRENT ON THE LATEST POLICIES AND TREATMENT OF CASES ONCE THEY WERE ACTUALLY DIAGNOSED IN OUR AREA. FREEMAN ALSO HELPED ESTABLISH A COVID CALL CENTER WITH REFERRALS FOR TESTING IN MARCH 2020. THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES HAS DESIGNATED FREEMAN HEALTH SYSTEM AS A RURAL REFERRAL CENTER (RRC). 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. THESE HOSPITALS ALSO COMMONLY ESTABLISH OUTREACH CLINICS TO PROVIDE PRIMARY AND SPECIALTY CARE SERVICES. FREEMAN HAS OUTREACH CLINICS IN SOUTHWEST MISSOURI, SOUTH EAST KANSAS, AND NORTHEAST OKLAHOMA. IN CALENDAR YEAR 2019, FREEMAN RECEIVED DOZENS OF AWARDS FOR MEDICAL EXCELLENCE AND SAFETY FROM CARECHEX, AN INDEPENDENT QUALITY RATING ORGANIZATION. THE AWARDS SPANNED A NUMBER OF SERVICE LINES, SUCH AS SURGERY, WOMEN'S HEALTH, AND TRAUMA CARE, TO NAME A FEW. FOR EXAMPLE, FREEMAN WAS AMONG THE "TOP 100 IN THE NATION IN MEDICAL EXCELLENCE" FOR BARIATRIC SURGERY, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), GALLBLADDER REMOVAL, GENERAL SURGERY, INTERVENTIONAL CAROTID CARE, MAJOR BOWEL PROCEDURES, SPINAL FUSION, AND SPINAL SURGERY. FOR CALENDAR YEARS 2018-19, FREEMAN HEALTH SYSTEM WAS RECOGNIZED BY THE U.S. NEWS &amp; WORLD REPORT BEST HOSPITALS REPORT AS A BEST REGIONAL HOSPITAL AND RANKS AS HIGH PERFORMING IN TWO AREAS: COLON CANCER SURGERY AND TREATMENT OF OBSTRUCTIVE PULMONARY DISEASE. IN EARLY</p>

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FORM 990, PART III, LINE 4	Y 2020, THE AMERICAN HOSPITAL ASSOCIATION NOTIFIED FREEMAN HEALTH SYSTEM THAT IT HAD BEEN SELECTED AS ONE OF FOUR FINALISTS NATIONALLY FOR THE 2019 MCGAW PRIZE, WHICH RECOGNIZES HOSPITALS FOR ACHIEVEMENTS IN COMMUNITY SERVICE.

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FORM 990, PART III, LINE 4A	<p>OUTPATIENT SERVICES: CANCER CARE FREEMAN CANCER INSTITUTE PROVIDES PHYSICAL AND EMOTIONAL CARE FOR PATIENTS AND FAMILIES THROUGH COMPREHENSIVE SERVICES AND TECHNOLOGICAL ADVANCES. FREEMAN CANCER INSTITUTE ACCEPTS MEDICAID AND MEDICARE PATIENTS. FREEMAN CANCER INSTITUTE HELPS 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 WITH LIMITED FINANCIAL RESOURCES. TO HELP DETECT BREAST CANCER WHILE IT IS TREATABLE, THE FREEMAN HELPING FRIENDS MAMMOGRAM FUND, ADMINISTERED THROUGH FREEMAN DEVELOPMENT OFFICE, PROVIDES MAMMOGRAMS FOR WOMEN WHO CANT AFFORD THEM. IN FY20, HELPING FRIENDS MAMMOGRAM FUND HELPED 73 WOMEN BY PROVIDING MAMMOGRAM SERVICES THAT TOTALED \$12,462. FREEMAN CORNELL- BESHORE CANCER INSTITUTES RADIATION ONCOLOGY PROGRAM IS DEDICATED TO BRINGING THE MOST ADVANCED AND COMPLETE CANCER THERAPIES TO JOPLIN AND SURROUNDING COMMUNITIES. FREEMAN NOW OFFERS OPTUNE, A TREATMENT FOR PATIENTS WITH GLIOBLASTOMA, AN ESPECIALLY AGGRESSIVE FORM OF BRAIN AND SPINAL CORD CANCER. WITH OPTUNE PATIENTS WEAR A PORTABLE, NON-INVASIVE SKULL CAP THAT EMITS TUMOR-TREATING FIELDS (TTFS), WHICH ARE ALTERNATING ELECTRIC FIELDS DIRECTED THROUGH THE TUMOR AREA. THIS TREATMENT HAS THE POTENTIAL TO EXTEND A PATIENTS LIFE, HAS VERY FEW SIDE EFFECTS, AND IS WELL-TOLERATED. PATIENTS FACING MANY TYPES OF CANCER BENEFIT FROM ADVANCED TREATMENT OPTIONS PROVIDED THROUGH RADIATION ONCOLOGY. FREEMAN HAS INVESTED IN A STATE-OF-THE-ART, TOP-OF-CLASS LINEAR ACCELERATOR. IT USES PRECISELY SHAPED AND DIRECTED RADIATION BEAMS TO KILL CANCER CELLS, WHILE PRESERVING ADJOINING, HEALTHY TISSUE. THIS PIN-POINT TECHNOLOGY PROVIDES IMPROVED OUTCOMES, LOWER DOSES OF RADIATION, AND SHORTER TREATMENT TIMES. FREEMAN HEALTH SYSTEM IS THE FIRST IN THE AREA 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. FREEMAN CORNELL-BESHORE CANCER INSTITUTE IS 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. 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 AROUND-THE-CLOCK TO HELP PATIENTS WITH MENTAL HEALTH NEEDS. AS A RESULT OF THIS INTERVENTION, MANY PREVIOUS FREQUENT VISITORS TO THE EMERGENCY ROOM HAVE BEEN REDIRECTED TO APPROPRIATE PSYCHIATRIC OR SUBSTANCE USE PROGRAMS. FREEMAN OFFERS COMPASSIONATE AND COMPREHENSIVE CARE TO VICTIMS OF</p>

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FORM 990, PART III, LINE 4A	<p>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. 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. EMERGENCY DEPARTMENT NURSES HAVE RECEIVED EDUCATION 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. FREEMAN AMBULANCE SERVICE FREEMAN AMBULANCE SERVICE COVERS THE ENTIRE 540-MILE MCDONALD COUNTY AREA, AVERAGING MORE THAN 60,000 MILES PER YEAR PER AMBULANCE. WITH TWO STATE-OF-THE-ART AMBULANCES, FREEMAN AMBULANCE SERVICE PROVIDES RELIABLE, SAFE, AND COMFORTABLE TRANSPORTATION ACROSS THE OFTEN-DIFFICULT, STEEP, TWISTING ROADS OF MCDONALD COUNTY, AN AREA THAT HAS BEEN DESIGNATED "MEDICALLY UNDERSERVED" BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION. THE NEED FOR SERVICES IN THIS AREA IS DRAMATIC, AND FREEMAN AMBULANCE SERVICE OPERATES AT A LOSS. ALL PATIENTS ARE SERVED REGARDLESS OF ABILITY TO PAY. WES &amp; JAN HOUSER WOMENS PAVILION DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY, WES &amp; JAN HOUSER WOMENS PAVILIONS TEAM OF SURGEONS, RADIOLOGISTS, AND REGISTERED MAMMOGRAPHY TECHNOLOGISTS USES THE LATEST TECHNOLOGIES TO ENSURE PATIENTS RECEIVE THE BEST CARE, ADVICE, AND TREATMENT. BREAST LIFECARE PATIENTS HAVE SENSE OF URGENCY WHEN THEY FIND A LUMP IN THEIR BREAST, AND THEY WANT ANSWERS AND TEST RESULTS QUICKLY WITH FEW DELAYS. THAT'S WHY FREEMAN DEVELOPED BREAST LIFECARE. FREEMAN RADIOLOGISTS AND SURGEONS WORK AS A TEAM TO PROVIDE AS MUCH INFORMATION AS POSSIBLE IN AS FEW VISITS AS POSSIBLE TO MINIMIZE THE STRESS CAUSED BY MULTIPLE APPOINTMENTS AND WAITING. DURING A BREAST LIFECARE VISIT, PATIENTS CONSULT WITH A BREAST SURGEON. THE BREAST SURGEON REVIEWS THE PATIENTS IMAGING WITH THE BREAST RADIOLOGIST AND THEN DISCUSSES A PLAN OF CARE WITH THE PATIENT. IF A BREAST BIOPSY, A MAMMOGRAM, OR AN ULTRASOUND IS RECOMMENDED, IT CAN BE DONE THAT SAME DAY UNDER MOST CIRCUMSTANCES. OUTPATIENT DIALYSIS FREEMAN PROVIDES OUTPATIENT DIALYSIS SERVICES THROUGH TWO OUTPATIENT DIALYSIS CENTERS. FREEMAN OUTPATIENT DIALYSIS COMPLEMENTS DIALYSIS AND 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 FEATU</p>

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FORM 990, PART III, LINE 4A	<p>RES 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. 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. FREEMAN NEUROSPINE 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. SPINAL CARE SERVICES FREEMAN NEUROSPINE OFFERS 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 PATIENT'S TOTAL NEEDS - FROM PHYSICAL TO EMOTIONAL - AND DRAWS UPON THE EXPERTISE OF AN INTERDISCIPLINARY TEAM OF SPECIALISTS THAT INCLUDES PHYSICIANS, NEUROSURGICAL NURSE PRACTITIONERS, PHYSICAL THERAPISTS, COUNSELORS, AND OTHER HIGHLY TRAINED SPINE CARE PROFESSIONALS.</p>

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FORM 990, PART III, LINE 4A	<p>OUTPATIENT SERVICES (CONTINUED): PEDIATRIC SPECIALTY CARE FREEMAN HEALTH SYSTEM PARTNERS WITH CHILDRENS MERCY KANSAS CITY AND PEDIATRIX CARDIOLOGY TO ENHANCE PEDIATRIC SPECIALTY CARE IN THE FOUR-STATE AREA. 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 GREAT DISTANCES FOR CLINIC APPOINTMENTS. SCHOOL-BASED MEDICINE FREEMAN HEALTH SYSTEM HAS ENTERED INTO SCHOOL-BASED MEDICINE PARTNERSHIPS WITH THE CARL JU NCTION SCHOOLS, NEOSHO SCHOOLS, SENECA SCHOOLS, AND MCDONALD COUNTY SCHOOLS TO CREATE GREATER ACCESS TO HEALTHCARE FOR STUDENTS AND FACULTY ALIKE. INCREASED ACCESS TO MEDICAL SERVICES RESULTS IN NOT ONLY AN ENVIRONMENT OF WELLNESS FOR THE SCHOOL, BUT ALSO FOR THE ENTIRE COMMUNITY. ANOTHER BENEFIT OF SCHOOL-BASED MEDICINE IS THAT IT DECREASES TIME LOST FROM THE CLASSROOM FOR STUDENTS AND FACULTY NEEDING MEDICAL ATTENTION. ADDITIONALLY, THIS PROGRAM CAN SAVE PARENTS FROM HAVING TO MISS AS MUCH AS A HALF-DAYS WORK TO TAKE THEIR CHILDREN TO A MEDICAL CLINIC OR DOCTORS OFFICE. HOME CARE FREEMAN HOME CARE HAS EARNED HOMECARE ELITE STATUS 10 TIMES OVER THE PAST SEVERAL YEARS. 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 PATIENTS NEEDS. FREEMAN HOME CARE EARNED A FIVE-STAR RATING IN PATIENT SATISFACTION FROM MEDICARE IN THE JANUARY 2020 HOME HEALTH COMPARE SURVEY. WOUND CARE &amp; HYPERBARIC MEDICINE PHYSICAL WOUNDS DO NOT ALWAYS HEAL QUICKLY AND ROUTINELY - HEALING IS A COMPLICATED PROCESS. IF A WOUND HASN'T HEALED AFTER FOUR WEEKS OF STANDARD MEDICAL CARE, SPECIALIZED WOUND CARE SERVICES MAY BE NEEDED. FREEMAN WOUND CARE &amp; HYPERBARIC MEDICINE CAN EFFECTIVELY TREAT MANY TYPES OF WOUNDS, INCLUDING DIABETIC WOUNDS, VARICOSE VEIN ULCERS, ARTERIAL LEG ULCERS, AND MORE. SERVICES INCLUDE EVALUATION AND WOUND ASSESSMENT, INDIVIDUALIZED TREATMENT PLAN, AND PATIENT EDUCATION. SPECIALIZED OSTEOPOROSIS SERVICES IN EARLY 2018, FREEMAN DIABETES &amp; ENDOCRINOLOGY INSTITUTE BEGAN OFFERING COMPREHENSIVE SPECIALTY SERVICES TO DIAGNOSE, TREAT, AND PREVENT OSTEOPOROSIS. MANY HEALTH PROBLEMS INCREASE AN INDIVIDUALS 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 OBESITY AND DIABETES ARE GROWING PROBLEMS WITH SERIOUS HEALTH IMPLICATIONS. ACCORDING TO THE AMERICAN DIABETES ASSOCIATION, 13.4% OF MISSOURIANS HAVE DIABETES. TO ADDRESS THE PROBLEM AND PROVIDE EDUCATION TO THE COMMUNITY FREE OF CHARGE, FREEMAN DIABETES EDUCATION HOSTED THE 11TH ANNUAL DIABETES EXPO IN NOVEMBER 2019. AT</p>

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FORM 990, PART III, LINE 4A	<p>TENDEES HAD THE OPPORTUNITY TO HEAR WHAT FREEMAN ENDOCRINOLOGISTS AND DIABETES EDUCATORS H AD TO SAY ABOUT MANAGING DIABETES, AND THERE WERE HEALTHY COOKING DEMONSTRATIONS AND EXERCISE DEMONSTRATIONS AS WELL. REHABILITATION SERVICES FREEMAN REHABILITATION SERVICES DELIVER PERSONALIZED CARE AIMED AT MAKING A PATIENTS RECOVERY QUICK AND EFFECTIVE. WITH A GOAL OF PROVIDING INDIVIDUALIZED THERAPEUTIC INTERVENTION TO RESTORE FUNCTION AND REDUCE PAIN, FREEMAN'S EXPERIENCED CLINICIANS PROVIDE COMPREHENSIVE OUTPATIENT REHABILITATION THERAPY. REHABILITATION SERVICES PLAYS A MAJOR ROLE ON FREEMAN'S SPORTS MEDICINE TEAM, WHICH PROVIDES ATHLETIC INJURY ASSESSMENT, TREATMENT, AND REHABILITATION. FREEMAN ATHLETIC TRAINERS PROVIDE GAME COVERAGE FOR AREA SCHOOLS AND PERFORM ON-SITE INJURY ASSESSMENT AND TREATMENT DURING ATHLETIC EVENTS. FREEMAN REHABILITATION &amp; SPORTS CENTER IS A CONVENIENTLY LOCATED STAN DALONE CLINIC PROVIDING AQUATIC THERAPY, LYMPHEDEMA THERAPY, PEDIATRIC THERAPY, PELVIC FLOOR THERAPY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY, AND TRAINING CLASSES FOR RUNNERS, GOLFERS, AND OTHER ATHLETES. FREEMAN SCREEN TEAM PREVENTION IS KEY TO HEART HEALTH. THE FIRST "SYMPTOM" OF CARDIOVASCULAR DISEASE CAN BE A HEART ATTACK - THAT'S WHY FREEMAN HEALTH SYSTEM STARTED FREEMAN SCREEN TEAM MORE THAN 20 YEARS AGO. FREEMAN'S SCREEN TEAM REACHES OUT INTO COMMUNITIES WITH FREE OR LOW-COST HEALTH SCREENINGS TO CATCH PROBLEMS EARLY, BEFORE THEY CAUSE SERIOUS COMPLICATIONS. ADDITIONALLY, FREEMAN SCREEN TEAM OFFERS SPECIALIZED EARLY DETECTION SCREENINGS THAT SCREEN FOR ABDOMINAL AORTIC ANEURYSM, PERIPHERAL ARTERIAL DISEASE, AND A PERSON'S STROKE/CAROTID ARTERY RISK. EARLY DETECTION OF HEART PROBLEMS GIVES INDIVIDUALS A CHANCE TO SEEK TREATMENT AND MAKE LIFESTYLE CHANGES, DECREASING THE LIKELIHOOD OF A CARDIAC EVENT. BY TAKING PREVENTION INTO THE COMMUNITY, FREEMAN SCREEN TEAM HELPS PEOPLE WHO OTHERWISE MIGHT NOT SEEK MEDICAL SERVICES. ON MANY OCCASIONS, FREEMAN SCREEN TEAM HAS REFERRED PATIENTS DIRECTLY FROM A SCREENING TO FREEMAN HEART &amp; VASCULAR INSTITUTE FOR LIFESAVING FOLLOW-UP CARE. WALK-IN CLINICS AND SAME-DAY APPOINTMENTS FREEMAN PROVIDES CARE THROUGH A VARIETY OF WALK-IN CLINICS THAT TREAT A WIDE RANGE OF MEDICAL CONDITIONS. URGENT CARE CLINICS IN JOPLIN AND WEBB CITY PROVIDE A CONVENIENT, COST-EFFECTIVE ALTERNATIVE FOR MINOR MEDICAL CARE. STAFFED WITH HIGHLY TRAINED PERSONNEL, INCLUDING BOARD-CERTIFIED PHYSICIANS, REGISTERED NURSES, AND X-RAY TECHNICIANS, FREEMAN URGENT CARE PROVIDES PROMPT MEDICAL TREATMENT WITHOUT AN APPOINTMENT. ADDITIONALLY, FREEMAN FIRST CARE OFFERS SAME-DAY APPOINTMENTS FOR PATIENTS WITHOUT A PRIMARY CARE PROVIDER AND FOR THOSE WHOSE PRIMARY CARE PROVIDER IS NOT AVAILABLE THAT DAY. PATIENTS CAN RECEIVE MINOR MEDICAL CARE AT FREEMAN FIRST CARE AND GET SET UP WITH A PRIMARY CARE PHYSICIAN AS WELL. SHOULD A SPECIALIST BE REQUIRED, FREEMAN FIRST CARE CAN FACILITATE THE PROCESS SO THERE'S LESS TIME TO WAIT FOR A SPECIALIST AP</p>



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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>POINTMENT. FREEMAN LUNG INSTITUTE FREEMAN LUNG INSTITUTE FEATURES BEST-IN-CLASS PULMONARY FUNCTION TESTING (PFT), WHICH IS PAINLESS AND OFFERS IMMEDIATE RESULTS AND INSTANT TREATMENT RIGHT IN THE PHYSICIANS OFFICES. THE CLINIC, THE FIRST AND ONLY IN THE AREA, GIVES PATIENTS ACCESS TO SCREENING, DIAGNOSIS, TREATMENT AND SUPPORT OF LIFE-THREATENING LUNG DISEASES IN ONE CONVENIENT LOCATION. FREEMAN LUNG INSTITUTE IS EXPERIENCING SUCCESS WITH THE SPIRATION VALVE IMPLANT. THIS GROUNDBREAKING TREATMENT HELPS PATIENTS WITH EMPHYSEMA BREATHE EASIER. SPIRATION VALVES RESEMBLE PARACHUTES AND CAN BE INSERTED INTO AIRWAYS VIA CATHETER. ONCE IMPLANTED, THE VALVE EXPANDS AND CONTRACTS WITH BREATHING. IT HELPS THE DAMAGED LUNG TO SHRINK IN SIZE AND HELPS THE HEALTHIER LUNG TO EXPAND. PRIOR TO THIS MINIMALLY INVASIVE PROCEDURE, TREATMENT REQUIRED INVASIVE CHEST SURGERY WITH RESECTION OF PART OF THE LUNG. THE END RESULTS FOR PATIENTS ARE IMPROVED LUNG FUNCTION, REDUCED SHORTNESS OF BREATH, AND RESTORED QUALITY OF LIFE.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>INPATIENT SERVICES: FREEMAN JOPLIN INPATIENT SERVICES TOTALED 19,707 CASES, OF WHICH, 3,889 OR 19.7%, WERE MEDICAID CASES. ADDITIONALLY, 1,922 INPATIENT CASES, OR 9.8% OF THE TOTAL, FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. CRITICAL CARE PATIENTS RELY ON THE INTENSIVE CARE UNIT (ICU) FOR LIFESAVING TREATMENT. 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 PROVIDES 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 3,839 CASES, OF WHICH, 370, OR 9.6%, WERE MEDICAID CASES. ADDITIONALLY, 6.6% OF THE CRITICAL CARE CASES FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. FREEMAN PEDIATRIC UNIT THE FREEMAN PEDIATRIC UNIT PROVIDES CARE TO CHILDREN FROM BIRTH TO AGE 18 AND WORKS WITH FAMILIES TO MAKE THEIR CHILDREN'S HOSPITALIZATION LESS TRAUMATIC BY ENCOURAGING PARENTAL INVOLVEMENT. FREEMAN JOPLIN INPATIENT PEDIATRIC SERVICES TOTALED 279 CASES, OF WHICH, 162, OR 58.1%, WERE MEDICAID CASES. ADDITIONALLY, 2.9% OF THE PEDIATRIC INPATIENT CASES FELL INTO THE SELF-PAY (NO INSURANCE) CATEGORY. MATERNITY SERVICES DESIGNED TO GIVE NEW MOTHERS AND THEIR FAMILIES THE COMFORTS OF HOME WITHIN THE SECURITY OF A HOSPITAL, FREEMAN MATERNITY CENTER DELIVERED 1,885 BABIES IN FY20. THE UNIT INCLUDES BOARD-CERTIFIED OBSTETRICIANS AVAILABLE 24 HOURS A DAY AND PERINATOLOGY CARE FOR WOMEN WITH HIGH-RISK PREGNANCIES. IN FY20, FREEMAN MATERNITY CENTER SERVED 821 MEDICAID PATIENTS, OR 45.6% OF ITS CASELOAD. SELF-PAY PATIENTS (THOSE WITH NO INSURANCE) REPRESENTED 2.4% OF THE MOTHERS DELIVERING BABIES AT FREEMAN. AS THESE STATISTICS INDICATE, FREEMAN PROVIDES A SAFETY NET FOR EXPECTANT MOTHERS WHO LIVE IN POVERTY AND RECEIVE GOVERNMENT ASSISTANCE AND THOSE WHO SCRAPE BY WITHOUT ASSISTANCE BUT HAVE NO HEALTH INSURANCE. MEDICAID REIMBURSEMENT DOES NOT COVER THE COST OF PROVIDING THE LEVEL OF TREATMENT REQUIRED. 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. THE INFORMATIVE CLASSES ARE TAUGHT BY REGISTERED NURSES AND OTHER PROFESSIONALS WITH YEARS OF EXPERIENCE HELPING EXPECTANT FAMILIES PREPARE FOR A POSITIVE BIRTH EXPERIENCE. 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 FREEMAN NEONATAL INTENSIVE CARE UNIT (NICU) PROVIDES IMMEDIATE CRITICAL CARE FOR PREMATURE AND CRITICALLY ILL INFANTS. SURVIVAL RATES FOR INFANTS</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>LESS THAN 3 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. AS A LEVEL III NICU (SECOND HIGHEST RANK), FREEMAN CARES FOR VERY SMALL OR VERY SICK NEWBORN BABIES. BEFORE FREEMAN NICU OPENED IN 1993, 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. BY THE END OF FY20, MORE THAN 9,600 INFANTS HAVE HAD A FIGHTING CHANCE TO LIVE THANKS TO THE CARE THEY RECEIVED AT FREEMAN NICU. IN FY20, FREEMAN NICU SERVED 344 PREMATURELY BORN OR CRITICALLY ILL BABIES. OF THESE TINY PATIENTS, 215 RECEIVED MEDICAID, WHICH REPRESENTS 62.5% OF FREEMAN NICUS CASELOAD. SELF-PAY PATIENTS (THOSE WITH NO INSURANCE ) REPRESENTED 2% 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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FORM 990, PART III, LINE 4C	<p>FREEMAN HEART &amp; VASCULAR INSTITUTE 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-DOOR DEVICE STANDARDS BY MORE THAN 40 PERCENT (NATIONAL STANDARD: 90 MINUTES, FREEMAN: 49.5 MINUTES). THIS IS FOR ALL STEMI PATIENTS CALCULATED FROM THE TIME THEY HIT FREEMAN DOORS UNTIL THE INITIAL CARDIAC INTERVENTION BEGINS IN THE CATH LAB. FREEMAN CONTINUES TO PERFORM AT THE 90TH PERCENTILE AS MEASURED BY THE NCDR CHEST PAIN AMI REGISTRY. FREEMAN HEART &amp; VASCULAR INSTITUTE OFFERS RAPID, EXPERT CARE WHEN PATIENTS NEED IT THE MOST. FREEMAN HEART &amp; VASCULAR INSTITUTE PROVIDES ALL CARDIAC SERVICES IN ONE CONVENIENT LOCATION, INCLUDING PREVENTIVE CARE, EMERGENCY INTERVENTIONS, DIAGNOSTICS, OPEN-HEART SURGERIES, STRUCTURAL HEART CLINIC, REHABILITATION, CARDIOLOGIST AND CARDIOLOGY CLINICS, EDUCATION, AND MORE. 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, KEY HOLE SURGERY, CARDIAC VALVE REPLACEMENT AND REPAIR, PERCUTANEOUS PERIPHERAL VASCULAR INTERVENTION, VIDEO-ASSISTED THORACOSCOPY, AORTIC DISSECTION, AND MANY OTHER LIFESAVING PROCEDURES. TAVR FREEMAN'S STRUCTURAL HEART PROGRAM ENABLES 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. IN ITS HYBRID CATH, FREEMAN USES A BEST-IN-CLASS CARDIOVASCULAR X-RAY IMAGING SYSTEM WITH THE FLEXIBILITY AND PERFORMANCE TO MEET ANY PATIENT'S NEEDS. 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. BECAUSE OF ITS INVESTMENT IN THE STRUCTURAL HEART PROGRAM, FREEMAN IS THE FIRST AND ONLY HEALTH SYSTEM IN ITS SERVICE AREA TO PROVIDE TAVR, A MINIMALLY INVASIVE PROCEDURE THAT GIVES HOPE TO PATIENTS WHO SUFFER FROM SEVERE AORTIC STENOSIS, BUT WHO ARE TOO FRAGILE FOR COMPLEX OPEN-HEART SURGERY. WORLD'S SMALLEST PACEMAKER FREEMAN IS THE ONLY HOSPITAL IN ITS SERVICE AREA TO USE THE MEDTRONIC MICRA TRANSCATHETER PACING SYSTEM (TPS), WHICH IS LEADLESS AND SELF-CONTAINED WITHIN THE HEART. THE MICRA TPS IS 93 PERCENT SMALLER THAN TRADITIONAL DEVICES - ABOUT THE SIZE OF A MULTIVITAMIN - MAKING IT THE WORLD'S SMALLEST PACEMAKER. THE DEVICE IS IMPLANTED DURING A MINIMALLY INVASIVE PROCEDURE - PLACED IN THE HEART VIA A LEG VEIN. COMPLETELY SELF-CONTAINED WITHIN THE HEART, IT ELIMINATES POTENTIAL MEDICAL COMPLICATIONS.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>IONS ARISING FROM WIRE LEADS THAT RUN A CONVENTIONAL PACEMAKER INTO THE HEART. AFTER THE PROCEDURE, PATIENTS ARE TYPICALLY UP AND WALKING WITHIN HOURS, AND SOME CAN GO HOME THE SAME DAY. IT HAS A BATTERY LIFE OF 10-12 YEARS AND IS THE ONLY TRANSCATHETER PACING SYSTEM APPROVED FOR FULL-BODY MRI SCANS. IN ADDITION TO 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. RECOGNIZING THE NEED FOR CONTINUOUS PERFORMANCE IMPROVEMENT IN ALL ASPECTS OF CARDIAC CARE, FREEMAN HEART &amp; VASCULAR INSTITUTE DEVELOPED THE CARDIAC PERFORMANCE IMPROVEMENT COMMITTEE, A COMMITTEE THAT INCLUDES REPRESENTATIVES FROM CARDIOLOGY, CARDIOTHORACIC SURGERY, AND THE STEMI PROGRAM, AS WELL AS ADMINISTRATION, EMERGENCY SERVICES, INTENSIVE CARE, SYSTEM QUALITY IMPROVEMENT, AND OTHERS. THE COMMITTEE REVIEWS REGISTRY CASES THAT VARY FROM THE RECOMMENDED GUIDELINES FOR CARE, AND WORKS WITH THE QUALITY COUNCIL AND QUALITY IMPROVEMENT COMMITTEE TO MAKE RECOMMENDATIONS TO ASSURE QUALITY OF CARE AND PATIENT SAFETY. IF QUALITY IMPROVEMENT PROCESSES ARE IMPLEMENTED AND DO NOT YIELD THE EXPECTED OUTCOMES, NEW TACTICS ARE PLANNED AND REVISED AS NEEDED UNTIL THE DESIRED RESULTS ARE ACHIEVED. ADDITIONALLY, FREEMAN'S MULTIDISCIPLINARY COMMITTEE MEETS TWICE A MONTH WITH THE PURPOSE OF IMPROVING PATIENT CARE. MEMBERS OF ADMINISTRATION, CARDIOLOGY, CARDIOTHORACIC SURGERY, AND SYSTEM QUALITY IMPROVEMENT IDENTIFY PREVENTABLE AND POTENTIALLY PREVENTABLE ISSUES AND DEFINE A COURSE OF ACTION. WITH DEDICATED PHYSICIAN ENGAGEMENT, FREEMAN HAS FOUND SUCCESS WITH IDENTIFYING GAPS IN CARE AND FACILITATING PROCESS CHANGES TO IMPROVE WORKFLOW EFFICIENCIES. THE WORK OF THE CARDIAC PERFORMANCE IMPROVEMENT AND MULTIDISCIPLINARY COMMITTEES DIRECTLY CONTRIBUTED TO FREEMAN RECEIVING THE AHA MISSION LIFELINE STEMI AND NON-STEMI AWARDS. CLINICAL TRIALS AT FREEMAN, RESEARCH AND CLINICAL STUDIES ARE INTEGRAL COMPONENTS OF CONTINUOUS QUALITY IMPROVEMENT. FREEMAN HEART &amp; VASCULAR INSTITUTE PARTICIPATES IN MANY NATIONAL STUDIES OF CARDIOVASCULAR TREATMENT. CURRENT IRB-APPROVED RESEARCH INCLUDES IMPROVING OUTCOMES OF STEMI PATIENTS WITH CARDIOGENIC SHOCK, DETERMINING HOW OBESITY INFLUENCES COMPLICATIONS IN STEMI PATIENTS UNDERGOING PCTI, AND USING THE ABBOT GRAFTMASTER COVERED STENT FOR EMERGENCY USE CASES. ANOTHER FACTOR THAT SPEAKS TO QUALITY OF CARE IS THE SUPPORT FREEMAN HEART &amp; VASCULAR INSTITUTE RECEIVES FROM F</p>

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FORM 990, PART III, LINE 4C	<p>REEMANS SENIOR LEADERSHIP TEAM AND BOARD OF DIRECTORS. WITH A FOCUS ON PROVIDING THE BEST TOOLS TO TAKE CARE OF PATIENTS, FREEMAN CONTINUALLY INVESTS IN HEART-CARE TECHNOLOGIES, SUCH AS CATH LAB UPDATES AND THE HYBRID OR FOR THE STRUCTURAL HEART PROGRAM. HEARTWISE PATIENTS OFTEN FEEL ALARMED TO LEARN THEY HAVE A CHRONIC CARDIAC CONDITION. ALTHOUGH RECEIVING THIS DIAGNOSIS CAN BE FRIGHTENING, IT IS TREATABLE. WITH THE RIGHT TEAM IN PLACE, THE RIGHT MEDICATIONS AND DEVICES PRESCRIBED AS NEEDED, AND THE RIGHT LIFESTYLE 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 HELP.</p>

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Return Reference	Explanation
FORM 990, PART V, 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.

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



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

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<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>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<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 (I.E., 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.</p> <p>-BASE SALARIES: FHS WILL MANAGE ITS EXECUTIVES' BASE SALARIES AROUND THE 50TH PERCENTILE OF BASE SALARIES PAID IN THE MARKET. SALARIES WILL VARY FROM THE 50TH PERCENTILE BASED ON AN EXECUTIVE'S EXPERIENCE AND PERFORMANCE. FOR EXAMPLE: *EXECUTIVES WHO ARE NEW TO THE ORGANIZATION AND/OR HAVE LIMITED OR NO PRIOR EXECUTIVE-LEVEL EXPERIENCE SHOULD HAVE SALARIES THAT ARE 80 TO 90 PERCENT OF THE 50TH PERCENTILE. *EXPERIENCED EXECUTIVES (WITH APPROXIMATELY 5 TO 7 YEARS OF EXECUTIVE-LEVEL EXPERIENCE) WHO CONSISTENTLY MEET FHS'S PERFORMANCE EXPECTATIONS SHOULD HAVE SALARIES THAT ARE 90 TO 110 PERCENT OF THE 50TH PERCENTILE. *EXPERIENCED EXECUTIVES (WITH MORE THAN 7 YEARS OF EXECUTIVE-LEVEL EXPERIENCE) WHO CONSISTENTLY EXCEED FHS'S PERFORMANCE EXPECTATIONS SHOULD HAVE SALARIES THAT ARE 110 TO 120 PERCENT OF THE 50TH PERCENTILE.</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. 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 Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	<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, LINE 15A	<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, LINE 15A	<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 2019 USING INTEGRATED HEALTHCARE STRATEGIES.</p>

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, 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.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS: \$ (1,430,720) CHANGE IN VALUE OF PLEDGED ASSETS

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

2019

Open to Public Inspection

Name of the organization  
FREEMAN HEALTH SYSTEM

Employer identification number  
43-1704371

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FHS HOLDINGS LLC 1102 W 32ND ST JOPLIN, MO 64804 20-5441528	LT ACUTE CARE	MO	35,509	364,276	FREEMAN HLTH
(2) FREEMAN SURGICAL CENTER OF PITTSBURG LLC 100 N PINE ST PITTSBURG, KS 66762 47-3537670	AMBULATORY SU	KS	1,289,996	1,385,853	FREEMAN HLTH

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FREEMAN NEOSHO HOSPITAL 113 W HICKORY  NEOSHO, MO 64850 43-1240629	HOSPITAL	MO	501(C)(3)	3	FREEMAN HLTH	Yes	
(2) OZARK CENTER 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 43-0821959	BEHAVRL HLTH	MO	501(C)(3)	10	FREEMAN HLTH	Yes	
(3) CEDAR HILL HOUSING CORPORATION 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 47-0943557	HUD HOUSING	MO	501(C)(3)	12 A I	OZARK CENTER	Yes	
(4) POPLAR PLACE HOUSING CORPORATION 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 90-0462595	HUD HOUSING	MO	501(C)(3)	12 A I	OZARK CENTER	Yes	
(5) MAGNOLIA HEIGHTS HOUSING CORPORATION 3006 MCCLELLAND BLVD  JOPLIN, MO 64804 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1) FREEMAN SURGICAL CE</b>  811 W 34TH ST JOPLIN, MO 64804 26-2652980	AMBULATORY SURGER	MO	FREEMAN HLTH	RELATED	2,393,393	2,393,634		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

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

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

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

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

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

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

Yes

No

1a Yes

1b Yes

1c No

1d Yes

1e Yes

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r No

1s No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) OZARK CENTER	A/J	146,231	FMV
(2) OZARK CENTER	B	389,979	FMV

Schedule R (Form 990) 2019

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.