TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Freeman Regional Health Services
P.O. Box 370
Freeman, SD 57029

Prepared By:

Eide Bailly LLP
345 N. Reid Pl., Ste. 400
Sioux Falls, SD 57103-7034

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
FREEMAN REGIONAL HEALTH SERVICES

Taxpayer identification number (TIN)
46-0232450

Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 370

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
FREEMAN, SD 57029

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of PHIL HUSHER
510 EAST 8TH STREET - FREEMAN, SD 57029

Telephone No. 605-925-4000 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

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

C Name of organization
FREEMAN REGIONAL HEALTH SERVICES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 370

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
FREEMAN, SD 57029

F Name and address of principal officer: COURTNEY UNRUH
SAME AS C ABOVE

D Employer identification number
46-0232450

E Telephone number
605-925-4000

G Gross receipts $ 19,534,318.

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.FREEMANREGIONAL.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1944 **M** State of legal domicile: SD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDE ACCESSIBLE, COMMUNITY BASED QUALITY CARE THAT IS COMPETENT, CREATIVE AND COMPASSIONATE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	259
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,322,260.	209,202.
9	Program service revenue (Part VIII, line 2g)	17,516,020.	18,664,421.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	396,975.	281,899.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,475.	264,589.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,427,730.	19,420,111.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
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)	9,539,195.	10,160,559.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,464.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,214,097.	7,618,311.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,753,292.	17,778,870.
19	Revenue less expenses. Subtract line 18 from line 12	3,674,438.	1,641,241.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,866,310.	25,669,697.
21	Total liabilities (Part X, line 26)	1,652,938.	1,531,020.
22	Net assets or fund balances. Subtract line 21 from line 20	22,213,372.	24,138,677.

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
COURTNEY UNRUH, CEO
Type or print name and title

Date

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LAURIE HANSON, CPA	LAURIE HANSON, CPA	10/31/25	☐	P00851848

Firm's name EIDE BAILLY LLP — Firm's EIN 45-0250958

Firm's address 345 N. REID PL., STE. 400
SIOUX FALLS, SD 57103-7034 — Phone no. 605-339-1999

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF FREEMAN REGIONAL HEALTH SERVICES IS TO PROVIDE ACCESSIBLE, COMMUNITY-BASED QUALITY CARE THAT IS COMPETENT, CREATIVE AND COMPASSIONATE.

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 $ 15,955,724. including grants of $ _____) (Revenue $ 18,664,421.)
FRHS IS COMPRISED OF A 45 BED NURSING HOME, 52 UNIT ASSISTED LIVING FACILITY, A SENIOR HOUSING FACILITY, PHYSICIAN CLINICS , AND A 25 BED CRITICAL ACCESS HOSPITAL WITH A 24/7 EMERGENCY ROOM LOCATED IN FREEMAN, SD. THE EMERGENCY ROOM HAS LOCAL PROVIDERS ON CALL AND TELEMEDICINE CAPABILITIES WITH A REGIONAL TRAMA CENTER. THE FACILITY HAD 779 ER VISITS. SURGERIES=119 HOSPITAL ACUTE PATIENT DAYS= 397, SWING BED DAYS= 531, NURSING HOME RESIDENT DAYS= 14,241 AND ASSISTED LIVING=10,174.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e Total program service expenses 15,955,724.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	46		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 259			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

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

PHIL HUSHER - 605-925-4000

510 EAST 8TH STREET, FREEMAN, SD 57029

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COURTNEY UNRUH CEO	40.00			X				166,889.	0.	35,696.
(2) AMBER SCHIPPER RN	2.00					X		163,526.	0.	8,176.
(3) PHILLIP HUSHER CFO	40.00			X				141,836.	0.	17,475.
(4) ANTHONY MILLER THERAPY MANAGER	40.00					X		137,164.	0.	6,858.
(5) LORI UECKER PRESIDENT	2.00	X		X				0.	0.	0.
(6) STEVE FUHRMANN VICE PRESIDENT	2.00	X		X				0.	0.	0.
(7) CYNTHIA MUTCHELKNAUS SECRETARY	2.00	X		X				0.	0.	0.
(8) JASON AANENSON TREASURER	2.00	X		X				0.	0.	0.
(9) CAMERON BECKER TRUSTEE	2.00	X						0.	0.	0.
(10) JAMES JULSON TRUSTEE	2.00	X						0.	0.	0.
(11) GLENN ROTH TRUSTEE	2.00	X						0.	0.	0.
(12) STEVE SCHMEICHEL TRUSTEE	2.00	X						0.	0.	0.
(13) SHANE VETCH TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								609,415.	0.	68,205.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								609,415.	0.	68,205.

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 4

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AVERA MCKENNAN HOSPITAL PO BOX 5045, SIOUX FALLS, SD 57117	PHYSICIAN SERVICES	2,340,279.
AVERA HEALTH 3900 W AVERA DR, SIOUX FALLS, SD 57108	FACILITY CONTRACTS/EDUCATION	353,962.
AVERA SACRED HEART HOSPITAL 501 SUMMIT, YANKTON, SD 57078	IT SUPPORT	153,872.
AVEL ECARE LLC PO BOX 950505, ST LOUIS, MO 63195	ER VIRTUAL DOCTOR	145,568.
EIDE BAILLY PO BOX 5125, SIOUX FALLS, SD 57117	ACCOUNTING SERVICES	140,807.

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 16

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	18,055.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	96,821.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	94,326.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			209,202.			
Program Service Revenue		Business Code					
	2a PATIENT SERVICE REVENUE	621110		17,082,821.	17082821.		
	b PHARMACY	621400		1,131,640.	1,131,640.		
	c COLLABORATIVE ARRANGEMENT	621300		387,754.	387,754.		
	d MEALS ON WHEELS	624210		27,375.	27,375.		
	e						
	f All other program service revenue	812900		34,831.	34,831.		
	g **Total.** Add lines 2a-2f			18,664,421.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			281,899.			281,899.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	273,928.					
	b Less: rental expenses 6b	96,984.					
	c Rental income or (loss) 6c	176,944.					
	d Net rental income or (loss)			176,944.			176,944.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales expenses 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 18,055. of contributions reported on line 1c). See Part IV, line 18	8a	104,868.				
	b Less: direct expenses	8b	17,223.				
	c Net income or (loss) from fundraising events			87,645.			87,645.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			19,420,111.	18664421.	0.	546,488.

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	364,989.		364,989.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,795,116.	7,453,939.	341,177.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	253,709.	247,733.	5,976.	
9 Other employee benefits	1,159,218.	1,037,035.	122,183.	
10 Payroll taxes	587,527.	539,662.	47,865.	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,435.		6,435.	
c Accounting	124,660.		124,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,789,284.	3,185,890.	603,394.	
12 Advertising and promotion	24,647.	12,773.	11,428.	446.
13 Office expenses	609,223.	597,483.	11,472.	268.
14 Information technology				
15 Royalties				
16 Occupancy	235,783.	235,783.		
17 Travel	15,511.	10,212.	5,299.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,658.	28,158.	13,500.	
20 Interest	618.	618.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	766,037.	723,752.	42,285.	
23 Insurance	121,066.	116,969.	4,097.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	1,369,802.	1,369,802.		
b EQUIPMENT RENTAL AND MA	248,858.	245,078.	3,780.	
c EMPLOYEE RECOGNITION	37,723.	8,632.	29,091.	
d				
e All other expenses	227,006.	142,205.	84,051.	750.
25 **Total functional expenses.** Add lines 1 through 24e	17,778,870.	15,955,724.	1,821,682.	1,464.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		6,680,484.	2	8,217,657.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,054,570.	4	1,807,665.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		169,052.	8	177,499.
	9	Prepaid expenses and deferred charges		162,904.	9	111,483.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,864,315.			
	b	Less: accumulated depreciation	10b 10,199,659.	7,500,370.	10c	6,664,656.
	11	Investments - publicly traded securities		5,890,292.	11	7,155,787.
	12	Investments - other securities. See Part IV, line 11		1,082,710.	12	1,164,342.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		325,928.	15	370,608.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		23,866,310.	16	25,669,697.
Liabilities	17	Accounts payable and accrued expenses		1,021,525.	17	1,056,585.
	18	Grants payable			18	
	19	Deferred revenue		2,275.	19	2,275.
	20	Tax-exempt bond liabilities		154,456.	20	102,252.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		3,098.	21	2,988.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		471,584.	25	366,920.
	26	**Total liabilities.** Add lines 17 through 25		1,652,938.	26	1,531,020.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		21,635,982.	27	23,500,373.
	28	Net assets with donor restrictions		577,390.	28	638,304.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		22,213,372.	32	24,138,677.
	33	Total liabilities and net assets/fund balances		23,866,310.	33	25,669,697.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,420,111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,778,870.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,641,241.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,213,372.
5	Net unrealized gains (losses) on investments	5	126,666.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	157,398.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,138,677.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

FREEMAN REGIONAL HEALTH SERVICES

Employer identification number

46-0232450

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

FREEMAN REGIONAL HEALTH SERVICES

Employer identification number

46-0232450

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

Name of organization

FREEMAN REGIONAL HEALTH SERVICES

Employer identification number

46-0232450

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 14,903.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 6,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 12,135.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

FREEMAN REGIONAL HEALTH SERVICES

Employer identification number

46-0232450

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: FREEMAN REGIONAL HEALTH SERVICES

Employer identification number: 46-0232450

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FREEMAN REGIONAL HEALTH SERVICES

Employer identification number
46-0232450

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 (for example, recreation or education)
☐ Preservation of a 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,316,914.		1,316,914.
b Buildings		9,456,368.	6,344,933.	3,111,435.
c Leasehold improvements				
d Equipment		5,679,285.	3,553,682.	2,125,603.
e Other		411,748.	301,044.	110,704.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				6,664,656.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) APARTMENT DEPOSITS	297,765.
(3) OPERATING LEASE LIABILITY	69,155.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	366,920.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	19,801,159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	126,666.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	157,398.		
e	Add lines 2a through 2d			2e	284,064.
3	Subtract line 2e from line 1			3	19,517,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-96,984.		
c	Add lines 4a and 4b			4c	-96,984.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	19,420,111.

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

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

1	Total expenses and losses per audited financial statements			1	17,875,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	96,984.		
e	Add lines 2a through 2d			2e	96,984.
3	Subtract line 2e from line 1			3	17,778,870.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	17,778,870.

Part XIII Supplemental Information

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

PART IV, LINE 2B:
FREEMAN REGIONAL HOLDS ACCOUNTS ON BEHALF OF THE LONG-TERM CARE RESIDENTS.

PART X, LINE 2:
THE FACILITY BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FACILITY WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION 157,398.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
RENTAL EXPENSES RECLASSIFIED -96,984.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES RECLASSIFIED 96,984.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FREEMAN REGIONAL HEALTH SERVICES

Employer identification number

46-0232450

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 nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2 a 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	GOLF	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	95,956.	26,967.		122,923.
	2 Less: Contributions	15,318.	2,737.		18,055.
	3 Gross income (line 1 minus line 2)	80,638.	24,230.		104,868.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	725.	1,800.		2,525.
	7 Food and beverages	5,298.	1,387.		6,685.
	8 Entertainment	775.			775.
	9 Other direct expenses	5,261.	1,977.		7,238.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				17,223.
	11 Net income summary. Subtract line 10 from line 3, column (d)				87,645.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

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

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
FREEMAN REGIONAL HEALTH SERVICES

Employer identification number
46-0232450

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] 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: [ ] 100% [X] 150% [ ] 200% [ ] Other _____ %	3a	X	
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: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other _____ %	3b	X	
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.			
4 Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
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		X
6a Did the organization prepare a community benefit report during the tax year?	6a		X
b If "Yes," did the organization make it available to the public?	6b		

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)			128,000.		128,000.	.72%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			128,000.		128,000.	.72%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			6681723.	5012998.	1668725.	9.39%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other benefits			6681723.	5012998.	1668725.	9.39%
k **Total.** Add lines 7d and 7j			6809723.	5012998.	1796725.	10.11%

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						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
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	2 247,122.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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 21,327.		
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 3,925,266.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 3,940,467.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -15,201.		
8	Describe in Part VI the extent to which any shortfall reported on 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	X	
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	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 FREEMAN REGIONAL HEALTH SERVICES P.O. BOX 370 FREEMAN, SD 57029 WWW.FREEMANREGIONAL.COM 10541	X	X			X		X		3 RURAL HEALTH CLINICS	

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)

Name of hospital facility or letter of facility reporting group: FREEMAN REGIONAL HEALTH SERVICES

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 22			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE LINE 7D			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE LINE 7D			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: FREEMAN REGIONAL HEALTH SERVICES

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 150 % for eligibility for discounted care of 400 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	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):			
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group: FREEMAN REGIONAL HEALTH SERVICES

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	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:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	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?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	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 FAP?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: FREEMAN REGIONAL HEALTH SERVICES

			Yes	No
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.	**23**		X
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.	**24**		X

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

FREEMAN REGIONAL HEALTH SERVICES:
PART V, SECTION B, LINE 5: THE FOCUS GROUPS UTILIZED FOR THE CHNA WERE COMPRISED OF INVITED COMMUNITY/SERVICE AREA RESIDENTS WHO WERE SELECTED BASED ON OBTAINING AN ADEQUATE CROSS SECTION OF AGE, GENDER AND OCCUPATION. OTHER CRITERIA CONSIDERED DURING THE PROCESS WERE FINDING INDIVIDUALS THAT REPRESENTED TWO MAIN GROUPS: RETIRED SENIORS AND WORKING ADULTS, AND THE BROAD INTEREST OF OUR SERVICE AREA. THE GROUPS HAD KNOWLEDGE OF AND PROVIDED INPUT ON COMMUNITY HEALTH AND MEDICALLY UNDERSERVED OR LOW-INCOME INDIVIDUALS IN THE SERVICE AREA. THESE GROUPS WERE ALSO KEPT TO A REASONABLE NUMBER TO FACILITATE DISCUSSION. THIS PROCESS WAS FACILITATED WITH THE ASSISTANCE OF A COMMUNITY DEVELOPMENT SPECIALIST WITH THE SOUTH DAKOTA PLANNING AND DEVELOPMENT DISTRICT III.

FREEMAN REGIONAL HEALTH SERVICES:
PART V, SECTION B, LINE 7D: WWW.FREEMANREGIONAL.COM/COMMUNITY-NEEDS/

FREEMAN REGIONAL HEALTH SERVICES:
PART V, SECTION B, LINE 11: FRHS CONDUCTED A CHNA IN 2022 AND IDENTIFIED THE FOLLOWING NEEDS: ACCESS TO HEALTH CARE SERVICES AND COMMUNITY EDUCATION, AND MENTAL HEALTH SERVICES. FRHS WILL FOCUS ON ACCESS TO HEALTH CARE SERVICES AND COMMUNITY EDUCATION. FRHS WILL NOT DIRECTLY FOCUS ON MENTAL HEALTH SERVICES BUT WILL WORK IN PARTNERSHIP WITH OTHER ORGANIZATIONS IN THIS AREA.

THE FOLLOWING ACTIONS WERE TAKEN TO ADDRESS THE IDENTIFIED NEEDS IN 2024:

ACCESS TO HEALTH CARE SERVICES
FREEMAN REGIONAL HEALTH SERVICES RECOGNIZES THE CHANGING DYNAMICS OF THE DIVERSE POPULATION WITHIN OUR SERVICE AREA. WE REMAIN COMMITTED TO PROVIDING SERVICES AIMED DIRECTLY AT MEETING THE CHANGING NEEDS OF THE COMMUNITIES WE SERVE, INCLUDING PROVIDING THE AREA WITH A FULL CONTINUUM OF CARE THROUGH THE INDEPENDENT LIVING, ASSISTED LIVING, NURSING HOME, 4 CLINICS AND A HOSPITAL WITH ER, AND STRATEGICALLY PLANNING FUTURE PROJECTS.

THE MISSION OF FRHS IS TO PROVIDE ACCESSIBLE, COMMUNITY-BASED QUALITY CARE THAT IS COMPETENT, CREATIVE, AND COMPASSIONATE. TO MEET THESE NEEDS, FRHS COMPLETED THE FOLLOWING:
-CONTINUED TO RECRUIT AND EMPLOY QUALITY PROVIDERS WHO ARE COMPETENT AND COMPASSIONATE TO MEET THE HEALTH CARE NEEDS OF THOSE WITHIN OUR SERVICE AREA.
-PURCHASED A DEXA MACHINE FOR EXPANDING SERVICES TO DIAGNOSE AND MONITOR BONE HEALTH CONCERNS.
-PURCHASED ADDITIONAL EQUIPMENT FOR OUR SURGICAL AREA TO ENSURE THE LATEST TECHNOLOGY FOR BEST PATIENT OUTCOMES.
-STARTED PLANET HEART.
-STARTED TO PROVIDE WEIGHT LOSS SERVICES THROUGH OUR CLINICS.
-IN ADDITION TO THE TWO PHYSICIANS, ONE PHYSICIAN ASSISTANT, ONE CERTIFIED NURSE PRACTITIONER, THE FACILITY ALSO HIRED ANOTHER FULL-TIME AND PART-TIME CERTIFIED NURSE PRACTITIONER TO PROVIDE A CONTINUUM OF CARE IN THE HOSPITAL. THESE PROVIDERS MEET REGULARLY TO REVIEW THE SERVICES THEY

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PROVIDE AND ADJUST SERVICES AS NEEDED TO MEET THE NEEDS OF THE FREEMAN AREA RURAL COMMUNITIES.
-FOOT CLINIC OFFERED IN FREEMAN, MARION, BRIDGEWATER, AND MENNO.
-DENTAL SERVICES OFFERED WITHIN THE NURSING HOME.
-PROVIDE PRIMARY SERVICES AND OUTREACH PROVIDERS THAT ARE APPROPRIATE FOR OUR RURAL SETTING.
-BROUGHT IN ADDITIONAL EDUCATION ON MENTAL HEALTH AND MENTAL HEALTH REFERRALS TO OUR PROVIDERS.

FRHS RECOGNIZES THE INCREASING DIFFICULTY IN FINDING THE RESOURCES REQUIRED TO STAFF THE VARIOUS DEPARTMENTS OF THE HOSPITAL, CLINIC, AND NURSING HOME. TO MEET THESE NEEDS FRHS COMPLETED THE FOLLOWING:
-CONTINUED TO WORK WITH LOCAL SCHOOLS, COLLEGES AND CHURCHES TO PROMOTE AN INTEREST IN HEALTHCARE CAREERS.
-PARTNERED WITH LAKE AREA TECH, DEPARTMENT OF LABOR, AND FREEMAN HIGH SCHOOL TO PROMOTE AN APPRENTICESHIP PROGRAM FOR STUDENTS.
-PARTNERED WITH THE CITY ON HAVING A BOOTH AT THE SCHOOL FOR FRHS AND HAVING STUDENTS EXPERIENCE HEALTH CARE.
-PARTNERED WITH USD ON HRSA GRANT OPPORTUNITY FOR THE WORKFORCE EXPANSION PROGRAM.
-ATTENDED JOB FAIRS (UNIVERSITY OF SOUTH DAKOTA, MITCHELL TECH, SOUTHEAST TECH) TO HELP RECRUIT NEW NURSING GRADUATES AND ASSIST WITH UTILIZING THE RURAL HEALTH GRANT OR BUILD DAKOTA TO HELP THEM RETURN TO SCHOOL FOR FURTHER EDUCATION.
-WORKED WITH THE BOARD OF NURSING ON THE NURSE INTERN PROGRAM TO ALLOW STUDENTS TO EXPERIENCE RURAL HEALTH CARE IN FREEMAN.
-PROMOTED SERVICES THROUGH AVERA HEALTH, LOCAL NEWSPAPERS, AND SOCIAL MEDIA, AS WELL AS WITHIN THE OUTREACH PROVIDERS THAT VISIT FRHS.
-PARTNERED WITH LOCAL HIGH SCHOOL SENIORS ON THEIR SENIOR PROJECTS AND INTERNSHIPS THROUGHOUT THE YEAR IN DIFFERENT DEPARTMENTS.

FREEMAN REGIONAL HEALTH SERVICES RECOGNIZES THE IMPORTANCE OF COMMUNITY OUTREACH AND THE VALUE OUR ORGANIZATION AND ITS EMPLOYEES BRING TO THE COMMUNITY. TO PROMOTE COMMUNITY OUTREACH (EDUCATION) AND VOLUNTEERISM, FRHS COMPLETED THE FOLLOWING:

- PARTICIPATED IN THE CAREER HERE FAIR AT THE LOCAL SCHOOL - ULTRASOUND AND INJECTIONS FOR STUDENTS TO DO.
- PROMOTED DONATING BLOOD.
- PROMOTED HEALTHY EATING FOR KIDS DURING "EVERY KID HEALTHY WEEK"
- BABYSITTING CLINIC/AED TRAINING TO COMMUNITY MEMBERS (CHILDREN WAS A MAJOR POINT OF REACH OUT).
- TURNER COUNTY FAIR (EDUCATED THE COMMUNITY ON SAFE SLEEP/SAFE AT HOME/BABYSITTING CLINICS).
- COMMUNITY TRICK OR TREAT SCAVENGER HUNT (SAFETY EDUCATION).

FREEMAN REGIONAL HEALTH SERVICES:
PART V, SECTION B, LINE 13H: THE FACILITY MAY USE PRESUMPTIVE ELIGIBILITY IF ALL OTHER AVENUES HAVE BEEN EXHAUSTED.

FREEMAN REGIONAL HEALTH SERVICES
PART V, LINE 16A, FAP WEBSITE:

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

HTTPS://WWW.FREEMANREGIONAL.COM/FINANCIAL-ASSISTANCE/

FREEMAN REGIONAL HEALTH SERVICES
PART V, LINE 16B, FAP APPLICATION WEBSITE:
HTTPS://WWW.FREEMANREGIONAL.COM/FINANCIAL-ASSISTANCE/

FREEMAN REGIONAL HEALTH SERVICES
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
HTTPS://WWW.FREEMANREGIONAL.COM/FINANCIAL-ASSISTANCE/

FREEMAN REGIONAL HEALTH SERVICES:
PART V, SECTION B, LINE 24: THE HOSPITAL FINANCIAL ASSISTANCE POLICY DOES NOT COVER ELECTIVE PROCEDURES. THE HOSPITAL MAY HAVE CHARGED FAP ELIGIBLE PATIENTS GROSS CHARGES FOR SERVICES THAT ARE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY.

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? 2

Name and address	Type of facility (describe)
1 OAKVIEW TERRACE 510 E. 8TH STREET FREEMAN, SD 57029	LONG TERM CARE FACILITY
5 FREEMAN REGIONAL ASSISTED LIVING 106 W 7TH ST FREEMAN, SD 57029	ASSISTED LIVING

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 FAP.

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 (for example, 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.

PART I, LINE 3C:
FREEMAN REGIONAL HEALTH SERVICES (FRHS) REQUIRES THAT THE PATIENT COMPLETE A FINANCIAL ASSISTANCE APPLICATION SHOWING HIS/HER INCOME AND EXPENSES. THE APPLICATION IS REVIEWED TO SEE WHAT FUNDS AND ASSETS THE PATIENT HAS AND WHETHER THE PATIENT HAS THE RESOURCES TO PAY HIS/HER MEDICAL BILLS. FOR SOME PATIENTS, FRHS USES DOCUMENTATION FROM OTHER GOVERNMENT BASED AGENCIES OF THE PATIENT'S FINANCIAL SITUATION AND RESOURCES AS A WAY TO HELP DETERMINE THE PATIENT'S FINANCIAL SITUATION. THE CHIEF FINANCIAL OFFICER REVIEWS ALL APPLICATIONS AND MAKES THE DETERMINATION OF ASSISTANCE OFFERED.
THE FACILITY MAY USE PRESUMPTIVE ELIGIBILITY IF ALL OTHER AVENUES HAVE BEEN EXHAUSTED.

PART I, LINE 7:
CHARITY CARE EXPENSE WAS CONVERTED TO COST ON LINE 7A BASED ON AN OVERALL COST-TO-CHARGE RATIO ADDRESSING ALL PATIENT SEGMENTS. LINE 7G WAS OBTAINED FROM THE MEDICAID AND MEDICARE COST REPORTS, RESPECTIVELY.

PART III, LINE 2:
THE AMOUNT ON LINE 2 REPRESENTS IMPLICIT PRICE CONCESSIONS. THE ORGANIZATION DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSION BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS.

PART III, LINE 3:
THE ESTIMATED AMOUNT OF THE ORGANIZATION'S IMPLICIT PRICE CONCESSIONS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS CALCULATED BASED ON THE PERCENTAGE OF INDIVIDUALS LIVING BELOW THE POVERTY LEVEL IN 2024. 8.63% CAN REASONABLY BE CONSIDERED A COMMUNITY BENEFIT AS IT WOULD HAVE BEEN WRITTEN OFF TO CHARITY CARE.

PART III, LINE 4:
THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES IMPLICIT PRICE CONCESSIONS IS LOCATED IN THE AUDITED FINANCIAL STATEMENT REPORT ON PAGES 14-15.

PART III, LINE 8:
MEDICARE ALLOWABLE COSTS OF CARE WAS CALCULATED FROM THE MEDICARE COST REPORT FOR FISCAL YEAR ENDING 12/31/2024.

Part VI **Supplemental Information** *(Continuation)*

MEDICAL SERVICES ARE PROVIDED TO PATIENTS WITH MEDICARE COVERAGE REGARDLESS OF WHETHER OR NOT A SURPLUS OR DEFICIT IS REALIZED. PROVIDING MEDICARE SERVICES PROMOTES ACCESS TO HEALTHCARE SERVICES WHICH ARE VITALLY NEEDED BY OUR COMMUNITY.

THE MEDICARE COST REPORT IS COMPLETED BASED ON THE RULES AND REGULATIONS SET FORTH BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

HOSPITAL SERVICES REIMBURSED ON A FEE SCHEDULE ARE NOT INCLUDED IN THE MEDICARE CALCULATION PER THE 990 INSTRUCTIONS. HAD THIS BEEN REPORTED THE HOSPITAL WOULD HAVE HAD A GREATER SURPLUS FROM MEDICARE SERVICES OF $9,470.

MEDICARE FEE SCHEDULE REVENUE:
$307,316
MEDICARE ESTIMATED COSTS OF CARE RELATING TO PAYMENTS
$(297,846)
NET (SHORTAGE)
$9,470

PART III, LINE 9B:
30-DAY NOTICE- OUR STATEMENTS INCLUDING THE FIRST STATEMENT HAVE A CHARITY CARE/FINANCIAL ASSISTANCE WEB SITE LISTED AT THE BOTTOM. THE SITE PROVIDES THE FINANCIAL ASSISTANCE POLICY AND FOLLOWS THE 30-DAY NOTICE GUIDELINES. 120-DAY NOTICE-FREEMAN REGIONAL DOES NOT INITIATE ANY ECA'S UNTIL AFTER THE 4TH MONTHLY STATEMENT. 240-DAY NOTICE-IF THE APPLICATION IS COMPLETE, WE DECIDE BY 240 DAYS. IF THE DETERMINATION IS AVERSE A 30-DAY NOTICE IS AGAIN GIVEN OUT. IF AN ACCOUNT IS DETERMINED TO QUALIFY FOR FAP WHEN IT IS IN COLLECTION, THE ACCOUNT IS RETURNED TO THE HOSPITAL AND COLLECTION EFFORTS CEASE.

PART VI, LINE 2:
ON A QUARTERLY BASIS, FREEMAN REGIONAL HEALTH SERVICES (FRHS) MEETS WITH THE MEDICAL STAFF TO DISCUSS OPERATIONS AND ANY SUGGESTIONS THEY MAY HAVE ON SERVICES PROVIDED BY FRHS AND THE NEEDS OF THE COMMUNITY. FRHS HAS A MONTHLY DEPARTMENT MANAGER MEETING WHERE THE NEEDS OF THE COMMUNITY AND OTHER ISSUES CAN BE DISCUSSED. COMMUNITY MEMBERS ARE ENCOURAGED TO COME TO THE FACILITY AT ANY TIME TO DISCUSS CONCERNS OR ISSUES WITH THE ADMINISTRATION.

IN ADDITION, FRHS PREPARED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2022.

PART VI, LINE 3:
FRHS HAS POSTED SIGNAGE ABOUT CHARITY CARE AND FINANCIAL ASSISTANCE PROGRAMS IN ADMISSIONS AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT. FRHS ADDRESSES THE FINANCIAL ASSISTANCE PROGRAM AND PROVIDES INFORMATION ON HOW TO APPLY FOR ASSISTANCE AT DISCHARGE AND IN PATIENT BILLS. THE BUSINESS OFFICE AND SOCIAL WORKERS ADVISE PATIENTS ON THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSIST THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE. A NOTICE RELATED TO AVAILABLE CHARITY CARE IS PRINTED AT THE BOTTOM OF ALL SERVICE STATEMENTS.

PART VI, LINE 4:

Part VI **Supplemental Information** *(Continuation)*

FRHS IS A HEALTHCARE FACILITY THAT PRIMARILY SERVES RESIDENTS IN RURAL HUTCHINSON, MCCOOK AND TURNER COUNTIES IN SOUTHEASTERN SOUTH DAKOTA.

SERVICE AREA DEMOGRAPHICS JULY 1, 2024

	HUTCHINSON	MCCOOK	TURNER
POPULATION	7,427	5,682	8,673
HOUSEHOLDS	3,227	2,467	3,899
AVERAGE HOUSEHOLD SIZE	2.30	2.30	2.22
MEDIAN HOUSEHOLD INCOME	$74,459	$80,847	$75,283
% OF POPULATION UNDER 20	27.89%	30.32%	27.60%
% OF POPULATION 20-64	50.50%	51.08%	51.82%
% OF POPULATION 65+	21.61%	18.60%	20.58%
% OF POPULATION BELOW POVERTY INCOME LEVEL	10.00%	7.40%	8.50%

A MAJORITY OF THE EMPLOYERS IN THESE AREAS ARE SMALL EMPLOYERS WHO OFFER LITTLE TO NO EMPLOYEE BENEFITS. OF THE EMPLOYERS WHO DO OFFER HEALTH INSURANCE TO THEIR EMPLOYEES, DEDUCTIBLES AND CO-PAYS HAVE RISEN FROM 300-500% OVER THE PAST 10 YEARS. MANY EMPLOYERS HAVE PASSED THE INCREASE IN HEALTH INSURANCE PREMIUMS TO THEIR EMPLOYEES MAKING PAYING THE HIGHER DEDUCTIBLES AND CO-PAYS VERY DIFFICULT.

PART VI, LINE 5:
FRHS'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF.

FRHS EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PROVIDERS IN ITS COMMUNITY AND SURROUNDING AREA.

FRHS REINVESTS SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, INCLUDING BUT NOT LIMITED TO EXPANSION OF SERVICES OFFERED, PATIENT EDUCATION, EMPLOYEE EDUCATION, AND EQUIPMENT AND FACILITY RENOVATIONS.

FRHS IS COMPRISED OF A 45 BED NURSING HOME, 52 UNITS ASSISTED LIVING FACILITY, A SENIOR HOUSING FACILITY, PHYSICIAN CLINICS , AND A 25 BED CRITICAL ACCESS HOSPITAL WITH A 24/7 EMERGENCY ROOM LOCATED IN FREEMAN, SD. THE EMERGENCY ROOM HAS LOCAL PROVIDERS ON CALL AND TELEMEDICINE CAPABILITIES WITH A REGIONAL TRAUMA CENTER.

FREEMAN REGIONAL HEALTH SERVICES RECOGNIZES THE IMPORTANCE OF COMMUNITY OUTREACH AND THE VALUE OUR ORGANIZATION AND ITS EMPLOYEES BRING TO THE COMMUNITY. TO PROMOTE COMMUNITY OUTREACH AND VOLUNTEERISM, FRHS COMPLETED THE FOLLOWING:
-FRHS CONTINUED TO SUPPORT AND ADVOCATE TO ITS EMPLOYEES THE VALUE AND IMPORTANCE OF BEING INVOLVED WITH THEIR COMMUNITIES.
-THE ADMINISTRATIVE ASSISTANT SERVES ON THE BOARD OF THE GROWING DREAMS DAYCARE CENTER AND WORKS TO HELP SUPPORT ACTION STEPS TO HELP EXPAND THE DAYCARE.

Part VI **Supplemental Information** *(Continuation)*

-THE CEO IS A CURRENT MEMBER OF THE FREEMAN COMMUNITY DEVELOPMENT CORPORATION, AN ORGANIZATION DEDICATED TO PROMOTING THE ECONOMIC VITALITY OF THE COMMUNITY AND PROMOTING THE HIGHEST QUALITY OF LIFE FOR RESIDENTS AND THOSE WHO VISIT THE FREEMAN COMMUNITY.
-THE CEO IS A CURRENT MEMBER OF FREEMAN COMMUNITY FOUNDATION WHICH OFFERS GRANTS TO NON-PROFITS.
-AN EMPLOYEE IS ON CITY COUNCIL.
-FRHS SPONSORED A FAMILY FRIENDLY ROOM AT THE SD CHISLIC FESTIVAL IN THE PRAIRIE ARBORETUM INTERPRETIVE CENTER.
-PARTICIPATES IN LOCAL COMMUNITY PARADES
-PARTICIPATED IN THE MUTTON RUN/WATERFEST TO ENCOURAGE COMMUNITY ACTIVITY.

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FREEMAN REGIONAL HEALTH SERVICES

Employer identification number

46-0232450

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) COURTNEY UNRUH	(i)	166,889.	0.	0.	8,761.	28,491.	204,141.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMBER SCHIPPER	(i)	163,526.	0.	0.	8,176.	1,279.	172,981.	0.
RN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PHILLIP HUSHER	(i)	141,836.	0.	0.	7,236.	11,775.	160,847.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

SCHEDULE K (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FREEMAN REGIONAL HEALTH SERVICES

Employer identification number
46-0232450

Part I Bond Issues SEE PART VI FOR COLUMN (F) CONTINUATIONS

	(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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF FREEMAN	46-6000164	NONE	09/29/06	750,000.	TO HELP FINANCE CONGREGATE LIVING		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	647,748.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	750,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	750,000.			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2006			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	.00 %		%		%		%	
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	.00 %		%		%		%	
6	Total of lines 4 and 5	.00 %		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
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						

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: CITY OF FREEMAN
(F) DESCRIPTION OF PURPOSE: TO HELP FINANCE CONGREGATE LIVING UNITS.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FREEMAN REGIONAL HEALTH SERVICES

Employer identification number
46-0232450

FORM 990, PART VI, SECTION A, LINE 8B:
FREEMAN REGIONAL HEALTH SERVICES DOES NOT UTILIZE COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:
THE CEO AND CFO REVIEW THE FORM 990 IN DETAIL, IT IS THEN PRESENTED AND REVIEWED BY THE BOARD AT A BOARD MEETING PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
FRHS REQUIRES ANNUAL COMPLIANCE WITH AND DISCLOSURE OF CONFLICTS IN ACCORDANCE WITH THE WRITTEN POLICY. CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST MUST BE REPORTED TO THE COMPLIANCE OFFICER. IF A CONFLICT IS DEEMED TO EXIST, APPROPRIATE ACTION IS TAKEN SUCH AS A BOARD MEMBER MAY BE REQUIRED TO ABSTAIN FROM DISCUSSION, DELIBERATION, AND VOTING ON THE ISSUE AT HAND.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS INITIALLY SET BY THE BOARD AND/OR ADMINISTRATION FOLLOWING A REVIEW AND ASSESSMENT OF THE SDAHO COMPARABILITY STUDY. THE ANNUAL INCREASES ARE SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:

COLLECTION FEES:	
PROGRAM SERVICE EXPENSES	3,452.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,452.

PURCHASE OTHER CLINIC:	
PROGRAM SERVICE EXPENSES	728,164.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	728,164.

MEDICAL PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	811,632.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	811,632.

PURCHASE COURIER:	
PROGRAM SERVICE EXPENSES	16,789.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,789.

CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	18,373.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization: FREEMAN REGIONAL HEALTH SERVICES
Employer identification number: 46-0232450

TOTAL EXPENSES	18,373.
OTHER PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	1,263,337.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,263,337.
MAINTENANCE CONTRACTS:	
PROGRAM SERVICE EXPENSES	180,831.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	180,831.
ULTRASOUND AND MRI CONTRACTS:	
PROGRAM SERVICE EXPENSES	163,312.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	163,312.
PT FINANCIAL SVC COLLECTION FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	32,923.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,923.
ADMINISTRATION CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	559,407.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	559,407.
OTHER PURCHASED SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,064.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,064.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,789,284.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION	157,398.

Name: FREEMAN REGIONAL HEALTH SERVICES FEIN: 46-0232450

Type and Entity: ADMINISTRATION SERVICE POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation — Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2020	13.	13.	13.								
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Electronic Filing PDF Attachment

Financial Statements
December 31, 2024 and 2023

Freeman Regional Health Services

EideBailly

CPAs & BUSINESS ADVISORS

Independent Auditor's Report

The Board of Trustees
Freeman Regional Health Services
Freeman, South Dakota

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Freeman Regional Health Services, which comprise the balance sheets as of December 31, 2024 and 2023, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of Freeman Regional Health Services as of December 31, 2024 and 2023, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Freeman Regional Health Services and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Freeman Regional Health Services' ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

345 N. Reid Pl., Ste. 400 | P.O. Box 5125 | Sioux Falls, SD 57117-5125 | T 605.339.1999 | F 605.339.1306 | EOE

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Freeman Regional Health Services' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Freeman Regional Health Services' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Eide Bailly LLP

Sioux Falls, South Dakota
May 27, 2025

Freeman Regional Health Services

Balance Sheets

Years Ended December 31, 2024 and 2023

	2024	2023
Assets		
Current Assets		
Cash and cash equivalents	$ 8,217,657	$ 6,680,484
Receivables		
Patient and resident	1,585,522	1,841,503
Estimated third-party payor settlements	216,000	192,000
Other	189,474	175,100
Insurance recoveries	32,669	37,967
Supplies	177,499	169,052
Prepaid expenses and other current assets	111,483	162,904
Total current assets	10,530,304	9,259,010
Assets Limited as to Use		
By Board for capital improvements and debt redemption	7,148,997	5,883,502
Interest in net assets of foundation	1,164,342	1,082,710
By Board for scholarships	6,790	6,790
Total assets limited as to use	8,320,129	6,973,002
Property and Equipment, net	6,664,656	7,240,370
Property Held for Sale, net	-	260,000
Operating Lease Right-of-Use Asset	67,967	115,981
Amounts Receivable Under Collaborative Arrangements	146,261	17,947
Total assets	$ 25,729,317	$ 23,866,310

Freeman Regional Health Services

Balance Sheets

Years Ended December 31, 2024 and 2023

	2024	2023
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	$ 54,699	$ 52,167
Current maturities of operating lease liability	48,305	47,644
Accounts payable	392,339	391,154
Accrued expenses		
Salaries and wages	216,540	166,126
Vacation	378,838	350,554
Payroll taxes and other	41,459	81,097
Claims reserves	32,669	37,967
Total current liabilities	1,164,849	1,126,709
Long-term Liabilities		
Long-term debt, net of current maturities	47,553	102,289
Operating lease liability, net of current maturities	20,850	69,525
Apartment deposits	297,765	354,415
Total liabilities	1,531,017	1,652,938
Net Assets		
Without donor restrictions	23,559,996	21,635,982
With donor restrictions	638,304	577,390
Total net assets	24,198,300	22,213,372
Total liabilities and net assets	$ 25,729,317	$ 23,866,310

Freeman Regional Health Services
Statements of Operations
Years Ended December 31, 2024 and 2023

	2024	2023
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient and resident service revenue	$ 17,168,821	$ 16,037,990
Other revenue	1,573,422	1,625,016
Total revenues, gains, and other support without donor restrictions	18,742,243	17,663,006
Expenses		
Salaries and wages	8,115,061	7,558,835
Employee benefits	2,045,497	1,980,361
Purchased services	3,460,468	3,212,206
Supplies and other	2,878,454	2,656,668
Repairs and maintenance	418,760	577,874
Insurance	121,066	130,345
Interest	6,180	9,234
Depreciation and amortization	830,368	735,435
Total expenses	17,875,854	16,860,958
Operating Income	866,389	802,048
Other Income (Expense)		
Investment return	281,899	361,176
Unrealized gain on investments	126,666	34,266
Change in interest in net assets of foundation	157,398	258,540
Unrestricted contributions	130,288	8,456
Salem Mennonite Home contribution	-	163,646
Income from collaborative arrangements	361,374	163,932
Total other income (expense), net	1,057,625	990,016
Revenue in Excess of Expenses	1,924,014	1,792,064
Contribution of Salem Mennonite Home Long-lived Assets	-	1,339,250
Change in Net Assets Without Donor Restrictions	$ 1,924,014	$ 3,131,314

Freeman Regional Health Services
Statements of Changes in Net Assets
Years Ended December 31, 2024 and 2023

	2024	2023
Net Assets Without Donor Restrictions		
Revenues in excess of expenses	$ 1,924,014	$ 1,792,064
Contribution of Salem Mennonite Home long-lived assets	-	1,339,250
Change in net assets without donor restrictions	1,924,014	3,131,314
Net Assets With Donor Restrictions		
Restricted contributions and investment returns	60,914	244,962
Contribution of Salem Mennonite Home assets with donor restrictions	-	332,428
Change in net assets with donor restrictions	60,914	577,390
Change in Net Assets	1,984,928	3,708,704
Net Assets, Beginning of Year	22,213,372	18,504,668
Net Assets, End of Year	$ 24,198,300	$ 22,213,372

	2024	2023
Operating Activities		
Change in net assets	$ 1,984,928	$ 3,708,704
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	830,368	735,435
Net realized and unrealized gains and losses on investments	(408,565)	(427,923)
Income from collaborative arrangement	(361,374)	(163,932)
Gain on disposal of equipment	-	(3,318)
Contributions and change in value of contributions by donors restricted for a specific purpose	(60,914)	(244,962)
Contribution of Salem Mennonite Home	-	(1,835,324)
Changes in assets and liabilities		
Receivables	217,607	478,301
Supplies	(8,447)	1,609
Prepaid expenses and other current assets	51,421	(77,887)
Operating lease assets and liabilities	-	519
Accounts payable	1,185	(10,184)
Accrued expenses	39,060	153,009
Net Cash from Operating Activities	2,285,269	2,314,047
Investing Activities		
Cash from contribution of Salem Mennonite Home	-	221,679
Purchase of property and equipment	(254,654)	(1,159,675)
Proceeds from sale of property and equipment	260,000	74,598
Purchase of assets limited as to use	(4,408,770)	(8,087,890)
Proceeds from sales and maturities of assets limited as to use	4,473,394	4,113,582
Net Cash from (used for) Investing Activities	69,970	(4,837,706)
Financing Activities		
Principal payments on long-term debt	(52,204)	(94,690)
Apartment deposits received	1,350	2,565
Apartment deposits refunded	(58,000)	(56,250)
Restricted contributions and change in value of restricted contributions received	60,914	244,962
Receipts from collaborative arrangements	233,060	818,008
Net Cash from Financing Activities	185,120	914,595
Net Change in Cash, Cash Equivalents, and Restricted Cash	2,540,359	(1,609,064)
Cash, Cash Equivalents, and Restricted Cash, Beginning of Year	6,706,891	8,315,955
Cash, Cash Equivalents, and Restricted Cash, End of Year	$ 9,247,250	$ 6,706,891

	2024	2023
Cash and Cash Equivalents	$ 8,217,657	$ 6,680,484
Cash Included in Assets Limited as to Use	1,029,593	26,407
Total cash, cash equivalents and restricted cash	$ 9,247,250	$ 6,706,891
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	$ 6,180	$ 9,234
Supplemental Schedule of Non-cash Investing Activities		
Conversion of property and equipment to assets held for sale	$ -	$ 260,000
Supplemental Schedule of Investing Activities		
Contribution of Salem Mennonite Home		
Inventory		$ (11,891)
Assets limited as to use		(364,254)
Property and equipment		(1,339,250)
Transferor's holdback liability		100,000
Apartment desposits		1,750
Contribution of Salem Mennonite Home		
Salem Mennonite Home contribution		163,646
Contribution of Salem Mennonite Home long-lived assets		1,339,250
Contribution of Salem Mennonite Home assets with donor restrictions		332,428
Net cash received		$ 221,679

Note 1 - Organization and Significant Accounting Policies

Organization

Freeman Regional Health Services (the Facility) operates a 25-bed critical access hospital, a 49-bed nursing facility, a 52-unit assisted living facility, a senior housing facility, and physician clinics located in Freeman, SD and the surrounding area. The Facility is organized as a South Dakota nonprofit corporation and is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue code.

Income Taxes

The Facility is organized as a South Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Facility is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Facility is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Facility has determined it is not subject to unrelated business income tax and has not filed an exempt organization business income tax return (Form 990T) with the IRS.

The Facility believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Facility would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Patient and Resident Receivables

Patient and resident receivables are uncollateralized patient, resident and third-party payor obligations. The Facility reserves the right to assess interest on unpaid patient and resident receivables, excluding amounts due from third-party payors. Payments of patient and resident receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The Facility records credit losses for patient and resident receivables based on the current expected credit losses. Credit losses are recorded after consideration of any implicit or explicit price concessions. Management believes that the historical loss information it has compiled is a reasonable basis on which to determine expected credit losses at December 31, 2024 and 2023 because the composition of the patient, resident, and other receivables at those dates are consistent with that used in developing the historical credit loss percentages. Management considers historical write off and recovery information, its past history with similar cases, and current conditions and reasonable and supportable forecasts, to estimate the appropriate allowance for credit losses. The allowance for credit losses as of December 31, 2024 and 2023 was insignificant.

The Facility's January 1, 2023 patient and resident, estimated third-party settlements, and other receivables balances were $1,931,553, $170,000, and $585,351.

Insurance Recoveries and Claims Reserves

The Facility has workers' compensation insurance coverage to provide protection for workers' compensation claims losses. The Facility accrued workers' compensation insurance reserves of approximately $33,000 and $38,000 for the years ended December 31, 2024 and 2023. As of December 31, 2024 and 2023, receivables of approximately $33,000 and $38,000 have been recorded for expected insurance recoveries related to the workers' compensation insurance claims.

Supplies

Supplies are stated at lower of cost (first-in, first-out) or net realizable value.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Investments in certificates of deposit that are not publicly traded are recorded at cost plus accrued interest. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the performance indicator unless the income or loss is restricted by donor or law.

Assets Limited as to Use

Assets limited as to use include restricted cash and assets set aside by the Board of Trustees for future capital improvements, debt redemption, and scholarships, over which the Board retains control and may at its discretion subsequently use for other purposes; and assets restricted under indenture agreements. Assets limited as to use that are available for obligations classified as current liabilities are reported in current assets.

Interest in Net Assets of Foundation

Avera Health Foundation (Foundation), an affiliate of the Facility, solicits contributions and holds funds on behalf of the Facility. The Facility's interest in these funds is recorded as assets limited as to use in the accompanying financial statements as net assets with donor restrictions if donors have placed restrictions on the use of the funds. Changes in the funds held by the Foundation are recorded as changes in interest in net assets of foundation in the accompanying financial statements.

Collaborative Arrangements

The Facility operates provider-based clinics under joint operating agreements with Avera McKennan, which falls under the scope of Accounting Standard Codification 808, *Collaborative Arrangements*. The Facility has classified Avera McKennan's economic interest in these provider-based clinics as an asset or liability, as appropriate. The terms of the joint venture agreement provide for the equal allocation of profits and losses amongst the participants. The Facility's statements of operations include the revenues and expenses of the provider-based clinics as it is considered the principal in the operating activity. The income or loss resulting from these joint operating agreements is included in other income in the accompanying statements of operations. Receipts and contributions from these joint operating agreements are included in financing activities in the accompanying statements of cash flows.

Property and Equipment

Property and equipment acquisitions in excess of $3,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Right-of-use (ROU) assets from financing leases are amortized on the straight-line method over the shorter of the lease term or their respective estimated useful lives. Financing lease ROU asset amortization is included in deprecation and amortization in the statements of operations. The estimated useful lives of property and equipment are as follows:

Land improvements	7 - 20 years
Buildings	5 - 50 years
Major moveable equipment	3 - 20 years

The Facility considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended December 31, 2024 and 2023, except related to the property that was held for sale as of December 31, 2023, as noted in the following paragraph.

Property Held for Sale

Property held for sale consists of an apartment building that was held for sale as of December 31, 2023. The building is carried at cost. The property was tested for indicators of impairment as of December 31, 2023 and an impairment loss of $57,958 was recognized, which represents the amount by which the carrying amount of the property exceeded its fair value at December 31, 2023. The property was sold in January 2024.

Net Assets with Donor Restrictions

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. At December 31, 2024 and 2023, the Facility had $638,304 and $577,390 of net assets with donor restrictions, which are restricted for the specified purpose of future capital projects.

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to net assets without donor restrictions and are excluded from the performance indicator, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or acquired long-lived assets are placed in service.

Donor-Restricted Gifts

The Facility reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends, or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements changes in net assets as net assets released from restrictions.

Patient and Resident Service Revenue

Patient and resident service revenue is reported at the amount that reflects the consideration to which the Facility expects to be entitled in exchange for providing patient and resident care. These amounts are due from patients or residents, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Facility bills the patients or residents and third-party payors several days after the services are performed and/or the patient or resident is discharged from the facilities. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Facility. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Facility believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations related to patient and resident services are satisfied over time as the patients or residents receive inpatient acute, outpatient, clinic, or nursing care services. The Facility measures the performance obligation associated with inpatient acute services from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. The Facility measures the performance obligation for outpatient and medical clinic services over the patient encounter, which is generally short in duration. The Facility measures the performance obligation associated with residents receiving skilled nursing services from the beginning of the performance period, generally admission or the beginning of the month, to the sooner of completion of services to that resident, discharge or the end of the month.

The Facility determines the transaction price based on standard charges for goods and services provided, reduced by contractual price concessions provided to third-party payors, discounts provided to uninsured patients and residents in accordance with the Facility's policy, and/or implicit price concessions provided to uninsured patients and residents. The Facility determines its estimates of contractual price concessions and discounts based on contractual agreements, its discount policies and historical experience. The Facility determines its estimate of implicit price concessions based on its historical collection experience with the respective class of patients and residents.

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Facility's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations.

Consistent with the Facility's mission, care is provided to patients and residents regardless of their ability to pay. Therefore, the Facility has determined it has provided implicit price concessions to uninsured patients and residents and patients and residents with other uninsured balances (for example, co-pays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and residents and the amounts the Facility expects to collect based on its collection history with those patients and residents.

The Facility provides health care services to patients and residents who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the Facility does not pursue collection of these amounts, they are not reported as patient or resident service revenue. The estimated cost of providing these services was $128,000 and $103,000 for the years ended December 31, 2024 and 2023, calculated by multiplying the ratio of cost to gross charges for the Facility by the gross uncompensated charges associated with providing charity care to patients or residents.

Other Revenue

The Facility participates in the 340B Drug Pricing Program (340B Program) enabling the Facility to receive discounted prices from drug manufacturers on outpatient pharmaceutical purchases and enter into certain contracts with unrelated pharmacies who provide certain prescription drugs to Facility patients who receive rural health clinic and outpatient services. This program is overseen by the Health Resources and Services Administration (HRSA) and Office of Pharmacy Affairs (OPA). HRSA conducts routine audits of these programs at health care organizations and monitors program compliance. Laws and regulations governing the 340B Program are complex and subject to interpretation and changes. During the years ended December 31, 2024 and 2023, the Facility recognized $1,131,640 and $1,184,194 of other revenue from operations related to its 340B Program contract with unrelated pharmacies. Other revenue also includes income from independent living rentals, cafeteria and meals sales, operating grants, and other operating transactions.

Other revenue is recognized when obligations under the terms of each contract are satisfied. Revenues from these services are measured as the amount of consideration the Facility expects to receive in exchange for those services.

Performance Indicator

Revenues in excess of expenses is the performance indicator and excludes unrealized gains and losses on investments other than trading securities, transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors.

Advertising Costs

Costs incurred for producing and distributing advertising are expensed as incurred. The Facility incurred $24,590 and $32,089 for advertising costs for the years ended December 31, 2024 and 2023.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in Note 12, which presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and amortization, interest and other occupancy costs are allocated to a function based on a square-footage or units-of-service basis. Allocated healthcare services costs not allocated on a units-of-service basis are otherwise allocated based on revenue.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets or changes in net assets.

Subsequent Events

The Facility has evaluated subsequent events through May 27, 2025, the date which the financial statements were available to be issued.

Note 2 - Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, are comprised of the following:

	2024	2023
Cash and cash equivalents	$ 8,217,657	$ 6,680,484
Receivables	1,990,996	2,208,603
Assets limited as to use by Board	7,148,997	5,883,502
	$ 17,357,650	$ 14,772,589

Assets limited as to use that are considered available for general expenditure consist of amounts designated by the Board for future capital improvements, debt redemption and scholarships. Although the Facility does not intend to use these funds for general expenditures, these amounts could be made available if necessary.

Note 3 - Patient and Resident Service Revenue

The Facility has agreements with third-party payors that provide for payments to the Facility at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

Medicare – Hospital and Clinics: The Facility is licensed as a Critical Access Hospital (CAH). The Facility is reimbursed for most acute care services under a cost-based reimbursement methodology with final settlement determined after submission of annual cost reports by the Facility and are subject to audits thereof by the Medicare Administrative Contractor (MAC). The Facility's Medicare cost reports have been audited by the MAC through the year ended December 31, 2019. Clinical services are paid on a fixed fee schedule or on a cost related basis for rural health clinic services.

Medicaid – Hospital and Clinics: Inpatient acute care services rendered to Medicaid program beneficiaries are paid based on a percentage of charge basis. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a percentage of charge or fee schedule methodology. Clinical services are paid on a fixed fee schedule for rural health services.

Blue Cross: Inpatient service rendered to Blue Cross subscribers are paid based on a prospectively determined rate per discharge. Outpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per ambulatory encounter or visit.

Medicaid and Medicare - Nursing Home: Routine services rendered to nursing home residents, who are beneficiaries of the Medicaid program are paid according to a schedule of prospectively determined daily rates determined by the South Dakota Medicaid program. A rate is assigned to each nursing home resident based on the residents' ability to perform certain activities of daily living and on certain other clinical factors. Payments are made for each case-mix category. The Facility also participates in the Medicare program for which payment for services is made on a prospectively determined per diem rate that varies based on a case-mix resident classification system.

The Facility has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Facility under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Revenue from Medicare, Medicaid, and from Blue Cross accounted for approximately 40%, 10% and 14% of the Facility's patient service revenue for the year ended December 31, 2024 and 41%, 10% and 14% for the year ended December 31, 2023.

Laws and regulations governing Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. The Facility has potential settlements with third-party payors for retroactive adjustments that are considered variable consideration and included in the determination of the estimated transaction price for providing patient care. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Patient and resident service revenue for the years ended December 31, 2024 and 2023 increased by approximately $30,000 and $27,000 due to removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer likely subject to audits, reviews, investigations and changes in estimated settlements.

Generally, patients and certain residents who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Facility also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Facility estimates the transaction price for patients and residents with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual price concessions, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient and resident service revenue in the period of the change. The ability to estimate the collectability of uninsured and other self-pay patients or residents is contingent on the patient's or resident's ability or willingness to pay for the services provided. Subsequent changes that are determined to be the result of an adverse change in the patient's and resident's ability to pay are recorded as credit loss expense. Credit loss expense for the years ended December 31, 2024 and 2023 was not significant.

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Facility considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient and resident) have different reimbursement/payment methodologies
- Length of the patient's and resident's service/episode of care
- Geography of the service location
- Organization's line of businesses that provided the service (for example, hospital, physician services, etc.)

For the years ended December 31, 2024 and 2023, the Facility recognized revenue of $17,168,821 and $16,037,990 from services and goods provided over time.

Note 4 - Investments

Assets Limited as to Use

The composition of assets limited as to use at December 31, 2024 and 2023, is shown in the following table.

	2024	2023
By Board for capital improvements and debt redemption		
Cash and cash equivalents	$ 1,022,803	$ 19,617
Certificates of deposit	4,505,546	4,358,296
Bond mutual funds	704,913	673,433
Equity mutual funds	915,735	832,156
	$ 7,148,997	$ 5,883,502
By Board for scholarships		
Cash and cash equivalents	$ 6,790	$ 6,790

Note 5 - Fair Value of Assets

The Facility has determined the fair value of certain assets in accordance with generally accepted accounting principles, which provides a framework for measuring fair value.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs.

A fair value hierarchy has been established, which prioritizes the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to the entire measurement requires judgment, taking into account factors specific to the asset or liability.

Assets and liabilities measured at fair value on a recurring basis and the related fair values of these assets and liabilities at December 31, 2024 and 2023, are as follows:

		Fair Value Measurements at Report Date Using		
	Total	Level 1	Level 2	Level 3
December 31, 2024				
Bond mutual funds	$ 704,913	$ 704,913	$ -	$ -
Equity mutual funds	915,735	915,735	-	-
	$ 1,620,648	$ 1,620,648	$ -	$ -
December 31, 2023				
Bond mutual funds	$ 673,433	$ 673,433	$ -	$ -
Equity mutual funds	832,156	832,156	-	-
	$ 1,505,589	$ 1,505,589	$ -	$ -

The fair value of these securities is determined by reference to quoted market prices.

Market volatility of marketable investment securities may substantially impact the value of such investments at any given time. It is possible that the value of the Facility's investments has changed since December 31, 2024.

Note 6 - Property and Equipment

Property and equipment at December 31, 2024 and 2023, consists of the following:

	2024		2023	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	$ 1,316,914	$ -	$ 1,266,336	$ -
Land improvements	395,836	301,044	385,201	290,332
Buildings	9,456,368	6,344,933	9,469,745	6,095,242
Major moveable equipment	5,679,285	3,553,682	5,415,304	3,008,479
Construction in progress	15,912	-	97,837	-
	$ 16,864,315	$ 10,199,659	$ 16,634,423	$ 9,394,053
Property and equipment, net		$ 6,664,656		$ 7,240,370

Construction in progress represents wiring for future network upgrades. There were no significant outstanding contractual commitments relating to these assets at year-end.

Note 7 - Leases

The Facility leases certain equipment for various terms under long-term, non-cancelable operating leases agreements. The leases expire at various dates through 2026. The weighted-average discount rate is based on the discount rate implicit in the lease, or if the implicit rate is not readily determinable from the lease, then the Facility has elected the option to use the risk-free rate determined using a period comparable to the lease term as the discount rate.

The Facility has elected the short-term lease exemption for all leases with a term of 12 months or less for both existing and ongoing operating leases to not recognize the asset and liability for these leases. Lease payments for short-term leases are recognized on a straight-line basis.

Total lease costs for the years ended December 31, 2024 and 2023 were as follows:

	2024	2023
Operating lease cost	$ 49,419	$ 49,419
Short-term lease cost	35,888	38,633

The following table summarizes the supplemental cash flow information for the years ended December 31, 2024 and 2023:

	2024	2023
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flow from operating leases	$ 48,900	$ 48,900

The following summarizes the weighted-average remaining lease term and weighted-average discount rate at December 31, 2024 and 2023:

	2024	2023
Weighted-average remaining lease term		
Operating leases	1.47 years	2.44 years
Weighted-average discount rate		
Operating leases	1.37%	1.37%

The future minimum lease payments under noncancelable operating leases with terms greater than on year are listed below as of December 31, 2024:

Years Ending December 31,	
2025	$ 48,900
2026	20,936
Total lease payments	69,836
Less interest	(681)
Present value of lease liabilities	$ 69,155

Note 8 - Long-Term Debt

Long-term debt consists of the following:

	2024	2023
4.75% note payable, payments due in monthly installments of $4,865 including interest, through October 2026 secured by the real estate	$ 102,252	$ 154,456
Less current maturities	54,699	52,167
Long-term debt, net of current maturities	$ 47,553	$ 102,289

Long-term debt principal maturities are as follows:

Years Ending December 31,	
2025	$ 54,699
2026	47,553
	$ 102,252

Note 9 - Pension Plan

The Facility has a defined contribution pension plan under which employees may become participants upon reaching age 21 and completion of one year of service. The Facility will match contributions up to 5% of annual compensation with the plan trustee who invests the plan assets. Total pension plan expense for the years ended December 31, 2024 and 2023 was $266,565 and $252,430.

Note 10 - Related Party Transactions

During the years ended December 31, 2024 and 2023, the Facility purchased $42,505 and $47,547 of supplies and services from a business owned by a Board member.

Note 11 - Concentration of Credit Risk

The Facility provides health care services to residents within its geographic location. The Facility grants credit without collateral to its patients and residents, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors, patients and residents at December 31, 2024 and 2023 was as follows:

	2024	2023
Medicare	46%	45%
Blue Cross	11%	10%
Commercial and other third-party payors	21%	28%
Medicaid	5%	7%
Private pay	17%	10%
	100%	100%

The Facility maintains is cash and certificates of deposit in bank deposit accounts which exceed Federal Deposit Insurance Corporation (FDIC) limits. Accounts are guaranteed by the FDIC up to $250,000 per depositor, per insured bank, for each account ownership category. The total exposure on these cash and certificates of deposit balances as of December 31, 2024 and 2023 was $12,331,636 and $7,864,308. The Facility has not experienced losses on these accounts and management believes the Facility is not exposed to significant risks on such accounts.

Note 12 - Functional Expenses

The Facility provides health care services to patients and residents within its geographic location. Expenses related to providing these services by nature and functional class for the year ended December 31, 2024, are as follows:

	Health Care Services			
	Patient Services	Long-term Care	General and Administrative	Total
Salaries and wages	$ 3,525,281	$ 3,928,658	$ 661,122	$ 8,115,061
Employee benefits	879,330	945,099	221,068	2,045,497
Purchased services	2,724,659	284,873	450,936	3,460,468
Supplies and other expenses	1,589,051	903,066	386,337	2,878,454
Repairs and maintenance	253,365	108,094	57,301	418,760
Insurance	47,564	69,405	4,097	121,066
Interest	618	5,562	-	6,180
Depreciation and amortization	542,889	245,194	42,285	830,368
	$ 9,562,757	$ 6,489,951	$ 1,823,146	$ 17,875,854

Expenses related to providing these services by nature and functional class for the year ended December 31, 2023 are as follows:

	Health Care Services			
	Patient Services	Long-term Care	General and Administrative	Total
Salaries and wages	$ 3,349,720	$ 3,582,757	$ 626,358	$ 7,558,835
Employee benefits	874,244	895,329	210,788	1,980,361
Purchased services	2,517,881	224,758	469,567	3,212,206
Supplies and other expenses	1,456,771	912,713	287,184	2,656,668
Repairs and maintenance	391,669	128,680	57,525	577,874
Insurance	48,013	77,196	5,136	130,345
Interest	1,184	7,995	55	9,234
Depreciation and amortization	442,485	257,799	35,151	735,435
	$ 9,081,967	$ 6,087,227	$ 1,691,764	$ 16,860,958

Note 13 - Apartment Deposits

Apartment deposits represent deposits received from residents of the Facility's apartment complexes. These deposits will be refunded at a reduced amount as indicated in the resident's rental agreement.

Note 14 - Commitments and Contingencies

Malpractice Insurance

The Facility has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of $1 million per claim and an annual aggregate limit of $3 million. The Facility is also insured under an excess umbrella liability claims-made policy with a limit of $40 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

Litigations, Claims, and Disputes

The Facility is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of litigations, claims, and disputes in process will not be material to the financial position of the Facility.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased, with respect to, investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient and resident services. Management believes that the Facility is in substantial compliance with current laws and regulation.

Note 15 - Contribution of Salem Mennonite Home

On January 1, 2023, the Facility acquired the Salem Mennonite Home (the Home), an assisted living facility and senior housing facility in Freeman, South Dakota, through a donative transfer agreement. The donative transfer agreement transferred title of substantially all assets of the Home to the Facility, net of certain deposit liabilities and a transferor's holdback, to be utilized by the Home to pay reasonable and necessary costs and expenses of continuing the Home as a corporate entity for as long as the Home deems necessary. The assets acquired are reported at fair value. Since the fair value of assets acquired significantly exceeded the fair value of the liabilities assumed, an inherent contribution on business combination of $1,835,324 has been recorded for this excess amount.

To following table summarizes the fair value of the assets acquired and liabilities assumed at the acquisition date:

Cash	$ 221,679
Inventory	11,891
Assets limited as to use	364,254
Property and equipment	1,339,250
Total identifiable assets acquired	1,937,074
Transferor's holdback liability	(100,000)
Apartment desposits	(1,750)
Net assets acquired and inherent contribution on business combination	$ 1,835,324

The estimates of the fair values of assets acquired and liabilities assumed are based on Level 3 inputs which have been determined by management based on a broker opinion of value for similar properties in the area and desktop appraisals based on market data. The acquired assets limited as to use balance included $332,428 of assets with donor-imposed restrictions. The inherent contribution related to these assets are reflected as an increase in net assets with donor restrictions in the accompanying statements of changes in net assets.