

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at [www.irs.gov/foi/m990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

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

C Name of organization
PREFERRED FAMILY HEALTHCARE INC

Doing business as

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

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

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

D Employer identification number

43-1236557

E Telephone number

(636) 946-6376

G Gross receipts \$ 182,979,077

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

J Website: ▶ WWW.PFH.ORG

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

L Year of formation 1979 **M** State of legal domicile MO

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities PREFERRED FAMILY HEALTHCARE PROVIDES INTEGRATED HEALTHCARE INCLUDING SUBSTANCE ABUSE, PREVENTION, MENTAL HEALTH, PRIMARY CARE AND DENTISTRY SERVICES THROUGHOUT THE MIDWEST		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	4,927
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	675,315
	b Net unrelated business taxable income from Form 990-T, line 34	7b	163,014
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	338,659	588,868
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,615,106	181,258,210
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-692,257	-757,511
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,298	634,590
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	66,264,806	181,724,157
	14 Benefits paid to or for members (Part IX, column (A), line 4)	85,695	368,711
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	46,090,844	127,276,627
	b Total fundraising expenses (Part IX, column (D), line 25) ▶275,977	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,086,295	42,416,563
	19 Revenue less expenses Subtract line 18 from line 12	63,262,834	170,061,901
		3,001,972	11,662,256
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	102,527,922	124,558,306
	21 Total liabilities (Part X, line 26)	40,290,481	45,042,526
	22 Net assets or fund balances Subtract line 21 from line 20	62,237,441	79,515,780

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, in 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
TOM GOSS CFO
Type or print name and title

Print/Type preparer's name
BARBARA J FAJEN

Preparer's signature
BARBARA J FAJEN

Firm's name ▶ SEIM JOHNSON LLP

Firm's address ▶ 18081 BURT STREET SUITE 200
OMAHA, NE 680224722

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code)

(Expenses \$

56,164,948

including grants of \$

(Revenue \$

75,334,551)

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

4b

(Code)

(Expenses \$

42,620,068

including grants of \$

(Revenue \$

52,816,635)

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

4c

(Code)

(Expenses \$

23,311,396

including grants of \$

(Revenue \$

28,362,447)

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

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$

15,159,825

including grants of \$

368,711

(Revenue \$

24,703,852)

4e

Total program service expenses ▶

137,256,237

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	406	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	4,927	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	13	
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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?		No
16b	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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
PREFERRED FAMILY HEALTHCARE INC 1111 S GLENSTONE SUITE 3-100 SPRINGFIELD, MO 65804 (417) 869-8911

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK KASTNER CHAIRMAN	2 00 0 00	X		X				0	0	0
(2) DONALD CROSBY VICE CHAIRMAN	2 00 0 00	X		X				0	0	0
(3) LYNN CLINE SECRETARY	2 00 0 00	X		X				0	0	0
(4) JAY BENSON DIRECTOR	2 00 0 00	X						0	0	0
(5) ROBERT BERRY DIRECTOR	2 00 0 00	X						0	0	0
(6) SHARON BROWN DIRECTOR	2 00 0 00	X						0	0	0
(7) KATIE DAMES DIRECTOR	2 00 0 00	X						0	0	0
(8) LISA FAIRLEY DIRECTOR	2 00 0 00	X						0	0	0
(9) ANTHONY HENDERSON DIRECTOR	2 00 0 00	X						0	0	0
(10) STEVE LEWIS DIRECTOR	2 00 0 00	X						77,575	0	0
(11) STANLEY MELTON DIRECTOR	2 00 0 00	X						0	0	0
(12) W DIRK PARISH DIRECTOR	2 00 0 00	X						0	0	0
(13) PAMELA ROSS DIRECTOR	2 00 0 00	X						0	0	0
(14) MIKE SCHWEND PRESIDENT	50 00 0 60			X				747,974	0	238,794

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TOM GOSS CFO - AO (SEE SCH J)	50 00 0 60			X				484,344	0	4,955
(16) BONTIEA GOSS COO - AO (SEE SCH J)	50 00 0 00			X				496,852	0	5,291
(17) MARILYN NOLAN CEO - AO (SEE SCH J)	50 00 0 00			X				501,596	0	5,125
(18) KEITH NOBLE CCO - AO (SEE SCH J)	50 00 0 00			X				401,509	0	49
(19) JERRY THOMPSON MD MEDICAL DIRECTOR (SEE SCH J)	50 00 0 00					X		485,348	0	6,414
(20) CHARLES LEWIS MD PHYSICIAN (SEE SCH J)	50 00 0 00					X		481,424	0	5,125
(21) THOMAS WEBER EXECUTIVE VP - ACCT/FIN (SEE SCH J)	50 00 0 00					X		288,723	0	9,915
(22) THOMAS ZURKOWSKI MD PHYSICIAN (SEE SCH J)	50 00 0 00					X		272,961	0	49
(23) MILTON CRANFORD EXECUTIVE VP - ARKANSAS (SEE SCH J)	50 00 0 00					X		267,903	0	6,870
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶						4,506,209		0		282,587

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 ▶ 77

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPRINGFIELD PARTNERS LLC 1111 S GLENSTONE SPRINGFIELD, MO 65804	FOSTER CARE CASE MANAGEMENT	4,184,314
MEDTRAK SERVICES LLC 7101 COLLEGE BLVD OVERLAND PARK, KS 66210	PRESCRIPTION SERVICE	1,502,679
MED-PAY 1650 E BATTLEFIELD STE 300 SPRINGFIELD, MO 65804	THIRD PARTY ADMINISTRATOR	773,165
MERCY HEALTH SYSTEM 1235 E CHEROKEE STREET SPRINGFIELD, MO 65804	HOSPITAL SERVICES	563,687
CRANFORD COALITION 1610 W 3RD STREET LITTLE ROCK, AR 72201	PUBLIC RELATIONS	547,750

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 ▶ 43

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	75,392	588,868			
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	297,089				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	216,387				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a	MEDICAID/MEDICARE	Business Code	623990	157,724,656	157,724,656		
	b	NET PATIENT SERVICE REVENUE		623990	22,715,838	22,715,838		
	c	PROGRAM RENTAL REVENUE		531110	519,116	478,391	40,725	
	d							
	e							
	f	All other program service revenue			298,600	298,600		
	g	Total. Add lines 2a-2f			181,258,210			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		165,219			165,219
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-922,730			-922,730
		b	Less cost or other basis and sales expenses	1,254,920				
		c	Gain or (loss)	-922,730				
		d	Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b	Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses	b				
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances						
		a						
		b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	LICENSE OFFICE	900099		583,162		583,162		
b	PARTNERSHIP INCOME	900099		51,428		51,428		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			634,590				
12	Total revenue. See Instructions			181,724,157	181,217,485	675,315	-757,511	

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

<input type="checkbox"/>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	368,711	368,711		
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.	1,073,595	77,575	996,020	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	741,815	741,815		
7	Other salaries and wages.	106,431,975	86,040,564	20,196,589	194,822
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	715,760	589,869	124,532	1,359
9	Other employee benefits.	10,634,383	8,272,391	2,343,686	18,306
10	Payroll taxes.	7,679,099	5,916,701	1,749,455	12,943
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	451,646		451,646	
c	Accounting.	137,736		137,736	
d	Lobbying.	367,700	293,953	73,747	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,313,305	3,416,319	857,334	39,652
12	Advertising and promotion.	180,694	103,769	76,925	
13	Office expenses.	7,405,721	5,920,449	1,485,272	
14	Information technology.	1,912,820	1,529,190	383,630	
15	Royalties.				
16	Occupancy.	4,620,316	3,693,677	926,639	
17	Travel.	5,707,882	4,563,122	1,144,760	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	897,869	717,796	180,073	
20	Interest.	937,368	749,372	187,996	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,837,946	3,068,217	769,729	
23	Insurance.	1,373,725	1,098,212	275,513	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	DIRECT CLIENT SUPPORT	6,042,579	6,042,579		
b	BAD DEBT EXPENSE	1,594,368	1,594,368		
c	FOOD EXPENSE	1,231,653	1,231,653		
d	MEDICAL SUPPLIES	554,625	554,625		
e	All other expenses	848,610	671,310	168,405	8,895
25	Total functional expenses. Add lines 1 through 24e.	170,061,901	137,256,237	32,529,687	275,977
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,288,248	1	13,565,637
	2	Savings and temporary cash investments		6,367,392	2	6,100,721
	3	Pledges and grants receivable, net		125,125	3	191,246
	4	Accounts receivable, net		14,832,487	4	17,860,933
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	67,881
	7	Notes and loans receivable, net		129,528	7	186,649
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		647,132	9	702,780
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,967,325			
	b	Less: accumulated depreciation	10b 9,630,469	61,429,100	10c	67,336,856
	11	Investments—publicly traded securities		3,337,993	11	3,872,392
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		9,188,971	14	11,252,180
	15	Other assets. See Part IV, line 11		2,181,946	15	3,421,031
	16	Total assets. Add lines 1 through 15 (must equal line 34)		102,527,922	16	124,558,306
Liabilities	17	Accounts payable and accrued expenses		10,304,980	17	12,972,049
	18	Grants payable			18	
	19	Deferred revenue		1,086,512	19	855,482
	20	Tax-exempt bond liabilities		15,419,800	20	14,448,400
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		13,479,189	23	16,365,703
	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		0	25	400,892
	26	Total liabilities. Add lines 17 through 25		40,290,481	26	45,042,526
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		62,177,441	27	79,455,780
	28	Temporarily restricted net assets		60,000	28	60,000
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		62,237,441	33	79,515,780
	34	Total liabilities and net assets/fund balances		102,527,922	34	124,558,306

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,724,157
2	Total expenses (must equal Part IX, column (A), line 25)	2	170,061,901
3	Revenue less expenses Subtract line 2 from line 1	3	11,662,256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,237,441
5	Net unrealized gains (losses) on investments	5	144,879
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,471,204
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,515,780

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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	15,159,825	including grants of \$	368,711) (Revenue \$	24,703,852)
EMPLOYMENT SERVICES / WORKFORCE PARTNERSHIPSPREFERRED FAMILY HEALTHCARE'S ("PFH") EMPLOYMENT SERVICES OFFER AN ARRAY OF DIFFERENT COMMUNITY-BASED SERVICES, WITH THE PRIMARY FOCUS BEING TO FACILITATE THE SUCCESS OF INDIVIDUALS WITH DISABILITIES AS THEY (A) IDENTIFY A JOB GOAL THROUGH INDIVIDUALIZED CAREER PLANNING, (B) SEARCH, APPLY AND INTERVIEW FOR JOBS MATCHING THEIR IDENTIFIED GOAL, AND (C) SUSTAIN THEIR EMPLOYMENT ONCE HIRED PROGRAMS INCLUDE SUPPORTED EMPLOYMENT - ASSISTS INDIVIDUALS WITH DISABILITIES IN PREPARATION FOR EMPLOYMENT, EMPLOYMENT SERVICE PLACEMENT AND RETENTION - ASSISTS INDIVIDUALS TO SECURE AND MAINTAIN EMPLOYMENT, EMPLOYMENT SERVICE PLUS - SPECIALIZED PLACEMENT/RETENTION FOR PERSONS WITH AUTISM, BRAIN INJURY OR WHO ARE DEAF/HARD OF HEARING, INDIVIDUALIZED PLACEMENT AND SUPPORT ("IPS) - EVIDENCE-BASED INTEGRATION OF EMPLOYMENT WITHIN SUBSTANCE USE AND MENTAL HEALTH TREATMENT PROGRAMS, AND SKILLS TRAINING - AUTOMOTIVE, JANITORIAL, FOOD SERVICE AND CHILD CARE PFH'S EMPLOYMENT SERVICES ASSISTS OVER 1,000 INDIVIDUALS EVERY YEAR TO OBTAIN A JOB OF THEIR CHOOSING, WITH A CLIENT SATISFACTION RATING OF OVER 98% PFH'S WORKFORCE PARTNERSHIPS DIVISION PROVIDES A VARIETY OF SERVICES UNDER CONTRACT WITH NUMEROUS LOCAL WORKFORCE DEVELOPMENT BOARDS ACROSS THE 14 WORKFORCE REGIONS IN THE STATE OF MISSOURI THROUGH CAREER CENTERS, PFH CONTRACTS TO PROVIDE THE WORKFORCE INVESTMENT PROGRAMS OF YOUTH SERVICES, ADULT AND DISLOCATED WORKER SERVICES, CAREER ASSISTANCE AND CAREER CENTER STAFFING FEDERALLY QUALIFIED HEALTH CENTERPREFERRED FAMILY HEALTHCARE ("PFH") OPERATES A FEDERALLY QUALIFIED HEALTH CENTER - CLARITY HEALTHCARE - IN THE HANNIBAL, MISSOURI AND QUINCY, ILLINOIS MARKETS FUNDED IN 2013 BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION ("HRSA"), PFH HAS INCREASED ACCESS TO PRIMARY AND BEHAVIORAL HEALTH CARE AS WELL AS DENTAL CARE FOR THESE UNDERSERVED COMMUNITIES AND VULNERABLE POPULATIONS WHO RESIDE IN THESE AREAS CLARITY HEALTHCARE HAS PARTAKEN IN MANY UNIQUE INITIATES RANGING FROM MOBILE DENTAL SERVICES, TO OTHER HRSA GRANTS TO EXPAND SUBSTANCE USE DISORDER TREATMENT, AND A HEALTH HOME MODEL TO SERVE PERSONS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY, TO NAME A FEW YOUTH AND FAMILYPREFERRED FAMILY HEALTHCARE ("PFH") SUPPORTS CHILDREN, YOUTH, AND FAMILIES WITH COMPLEX NEEDS, INCLUDING CHILDREN AND YOUTH WHO ARE AT RISK OF BEING REMOVED FROM HOME OR WHO HAVE BEEN REMOVED WITH THE GOAL OF REUNIFICATION, CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL, NEUROBIOLOGICAL OR BEHAVIORAL DISTURBANCE, AND THEIR FAMILIES, AND CHILDREN AND YOUTH HAVING PROBLEMS THAT PLACE THE CHILDREN OR YOUTH AT RISK A VARIETY OF PROGRAMS ARE OFFERED THOUGH MISSOURI AND ARKANSAS TO SUPPORT THESE YOUTH AND THEIR FAMILIES, INCLUDING CHAFEE FOSTER CARE INDEPENDENCE PROGRAM, TRANSITIONAL LIVING SCATTERED SITE, AND INTENSIVE IN-HOME SERVICES PFH IS THE LEAD PARTNER OF A THREE-AGENCY COLLABORATIVE WHICH PROVIDES CASE MANAGEMENT AND OTHER SERVICES FOR FOSTER CHILDREN AS ASSIGNED BY THE CHILDREN'S DIVISION OF THE MISSOURI DEPARTMENT OF SOCIAL SERVICES IN THE JUDICIAL CIRCUITS COVERING GREENE, STONE, BARRY, AND LAWRENCE COUNTIES PFH IS ALSO THE PROUD RECIPIENT OF A FEDERAL REGIONAL PARTNERSHIP GRANT AIMED AT IMPACTING CHILD WELFARE AND PARENTAL SUBSTANCE USE CONCURRENTLY THIS FUNDING HAS ALLOWED PFH TO FORMALIZE THE CREATION OF A MULTI-DISCIPLINARY TEAM (CHILD WELFARE, TREATMENT, EMPLOYMENT) TO PRODUCE A MULTI-MILLION DOLLAR SAVINGS TO THE STATE ADDITIONALLY, THROUGH A CONTRACT WITH THE ARKANSAS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) AND ARKANSAS DIVISION OF YOUTH SERVICES (DYS), PFH'S HEALTH RESOURCES OF ARKANSAS PROVIDES THERAPEUTIC FOSTER CARE AND RESIDENTIAL SERVICES DOMESTIC VIOLENCE PREFERRED FAMILY HEALTHCARE ("PFH") HAS PROVIDED DOMESTIC VIOLENCE ("DV") VICTIM SERVICES SINCE 1979 AND SEXUAL ASSAULT ("SA") VICTIM SERVICES SINCE 2001 IN THE GREATER ST LOUIS METROPOLITAN REGION DV & SA SERVICES PROVIDED AT PFH INCLUDE A 24-HOUR CRISIS HOTLINE AND INTERVENTION, EMERGENCY SHELTER, INDIVIDUAL AND GROUP COUNSELING, CHILDREN'S SERVICES, OUTREACH, EMERGENCY RESPONSE TEAMS, AND COMMUNITY EDUCATION IN ORDER TO BEST PROVIDE THESE SERVICES, ADVOCATES HAVE ESTABLISHED SOLID RECIPROCAL RELATIONSHIPS WITH STATE AND LOCAL ORGANIZATIONS INCLUDING MISSOURI DEPARTMENT OF PUBLIC SAFETY, DEPARTMENT OF SOCIAL SERVICES, DEPARTMENT OF HEALTH AND SENIOR SERVICES, LOCAL POLICE DEPARTMENTS, PROSECUTING ATTORNEYS' OFFICES, HOSPITALS, AND COMMUNITY SERVICE AGENCIES COLLABORATIVE EFFORTS ARE THE CRUX OF THE ORGANIZATION, ENSURING EACH INDIVIDUAL SERVED IS OFFERED THE UTMOST IN CARE AND SUPPORT THROUGH COLLABORATIONS IN THE COMMUNITY, ADVOCATES ARE ABLE TO PROVIDE WRAPAROUND SERVICES THAT ARE UNMET WITHIN THE ORGANIZATION PFH CONTINUOUSLY PROVIDES COMMUNITY EDUCATION AND TRAINING TO PROMOTE AWARENESS ON ISSUES VICTIMS OF DV AND SA FACE AND TO TEACH OTHER HELPING PROFESSIONALS HOW TO HANDLE DISCLOSURE OF VICTIMIZATION					

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

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

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box)
- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,336,502	3,792,515	6,033,887	338,659	588,868	13,090,431
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	2,336,502	3,792,515	6,033,887	338,659	588,868	13,090,431
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						13,090,431

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	2,336,502	3,792,515	6,033,887	338,659	588,868	13,090,431
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79,762	100,976	29,711	21,927	165,219	397,595
9 Net income from unrelated business activities, whether or not the business is regularly carried on					263,725	263,725
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						13,751,751
12 Gross receipts from related activities, etc (see instructions)					12	355,433,837
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	95 190 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	97 890 %
16a 33 1/3% support test—2015. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
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.		
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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
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 .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
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.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> <div><div>a</div><div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div><div><div>b</div><div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div></div></div>	Yes	No
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> <div><div>a</div><div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div><div><div>b</div><div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div></div></div>		

Part V

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

1

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

☐

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization PREFERRED FAMILY HEALTHCARE INC	Employer identification number 43-1236557
---	--

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	448,317													
c	Total lobbying expenditures (add lines 1a and 1b)	448,317													
d	Other exempt purpose expenditures	169,613,584													
e	Total exempt purpose expenditures (add lines 1c and 1d)	170,061,901													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	55,000	60,300	70,600	448,317	634,217
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

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" to Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a	Land	11,030,279		11,030,279
b	Buildings	55,018,793	4,905,246	50,113,547
c	Leasehold improvements			
d	Equipment	5,935,834	2,660,430	3,275,404
e	Other	4,982,419	2,064,793	2,917,626
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶			67,336,856

Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		5	

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE ORGANIZATION ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES USING GUIDANCE INCLUDED IN FASB ASC TOPIC 740, INCOME TAXES. THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. AT JUNE 30, 2016, THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

**Open to Public
Inspection**

43-1236557

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TSU FOUNDATION 100 E NORMAL MCCLAIN HALL 205 KIRKSVILLE,MO 63501	43-1381504	501(C)(3)	5,000				ASSIST PSYCHOLOGY DEPARTMENT
K-LIFE 1200 JAMISON STREET KIRKSVILLE,MO 63501	43-1755980	501(C)(3)	5,000				COMMUNITY SUPPORT
COMMUNITY OPPORTUNITIES 1001 S OSTEOPATHY KIRKSVILLE,MO 63501	43-0918161	501(C)(3)	10,000				SUPPORT SHELTERED WORKSHOP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYNERGY SERVICES INC 400 E 6TH STREET PARKVILLE, MO 64152	43-0970674	501(C)(3)	25,000				SUPPORT CHILDREN'S SERVICE INITIATIVES IN THE KANSAS CITY, MO AREA
BRIDGEWAY BEHAVIORAL HEALTH FOUNDATION BOARD INC 1570 S MAIN ST ST CHARLES, MO 63303	27-0384488	501(C)(3)	100,000				SUPPORT DOMESTIC VIOLENCE SHELTER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number
43-1236557

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION'S OFFICERS HAVE FULL DISCRETION TO SCHEDULE PERSONAL FLIGHTS WITH PFH AVIATION, INC, A WHOLLY-OWNED SUBSIDIARY OF PREFERRED FAMILY HEALTHCARE, INC. ANY PERSONAL FLIGHTS, INCLUDING COMPANION TRAVEL, ARE TREATED AS ADDITIONAL W-2 COMPENSATION UNDER IRS GUIDELINES OF VALUING SUCH BENEFITS ON AN ANNUAL BASIS.
PART I, LINE 4B	MIKE SCHWEND, PRESIDENT, PARTICIPATED IN A 457(F) PLAN DURING THE YEAR. THIS AMOUNT HAS BEEN INCLUDED IN HIS RETIREMENT COMPENSATION ON PART II.
PART I, LINE 7	EACH YEAR THE BOARD OF DIRECTORS HAS THE AUTHORITY TO APPROVE A DISCRETIONARY BONUS FOR THE OFFICERS OF THE ORGANIZATION.
FORM 990, PART VII, SECTION A, LINE 5	THE REPORTED COMPENSATION FOR THE FOLLOWING INDIVIDUALS WAS PAID PART OF THE YEAR BY ALTERNATIVE OPPORTUNITIES, EIN 43-1608916, ALTERNATIVES OPPORTUNITIES MERGED WITH PREFERRED FAMILY HEALTHCARE INC. ON MAY 1, 2015. THIS COMPENSATION WAS INCLUDED IN 2015 FORM W-2S FILED BY ALTERNATIVE OPPORTUNITIES. THE REMAINDER OF THE YEAR COMPENSATION WAS PAID BY, AND INCLUDED IN 2015 FORM W-2S FILED BY PREFERRED FAMILY HEALTHCARE, INC. STEVE LEWIS, DIRECTOR TOM GOSS, CFO BONTEA GOSS, COO MARILYN NOLAN, CEO KEITH NOBLE, CCO TOM WEBER, EXECUTIVE VICE PRESIDENT - ACCOUNTING/FINANCE MILTON CRANFORD, EXECUTIVE VICE PRESIDENT - ARKANSAS THOMAS ZURKOWSKI, PHYSICIAN JERRY THOMPSON, MEDICAL DIRECTOR CHARLES LEWIS, PHYSICIAN.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MIKE SCHWENDPRESIDENT	(i)	553,646	165,536	28,792	213,250	25,544	986,768	0
	(ii)	0	0	0	0	0	0	0
1TOM GOSS CFO - AO (SEE SCH J)	(i)	428,192	54,142	2,010	0	4,955	489,299	0
	(ii)	0	0	0	0	0	0	0
2BONTIEA GOSS COO - AO (SEE SCH J)	(i)	425,521	54,142	17,189	0	5,291	502,143	0
	(ii)	0	0	0	0	0	0	0
3MARILYN NOLAN CEO - AO (SEE SCH J)	(i)	426,804	54,142	20,650	0	5,125	506,721	0
	(ii)	0	0	0	0	0	0	0
4KEITH NOBLE CCO - AO (SEE SCH J)	(i)	388,431	0	13,078	0	49	401,558	0
	(ii)	0	0	0	0	0	0	0
5JERRY THOMPSON MD MEDICAL DIRECTOR (SEE SCH J)	(i)	485,348	0	0	0	6,414	491,762	0
	(ii)	0	0	0	0	0	0	0
6CHARLES LEWIS MD PHYSICIAN (SEE SCH J)	(i)	481,424	0	0	0	5,125	486,549	0
	(ii)	0	0	0	0	0	0	0
7THOMAS WEBER EXECUTIVE VP - ACCT/FIN (SEE SCH J)	(i)	256,172	30,000	2,551	325	9,590	298,638	0
	(ii)	0	0	0	0	0	0	0
8THOMAS ZURKOWSKI MD PHYSICIAN (SEE SCH J)	(i)	272,961	0	0	0	49	273,010	0
	(ii)	0	0	0	0	0	0	0
9MILTON CRANFORD EXECUTIVE VP - ARKANSAS (SEE SCH J)	(i)	246,729	20,295	879	0	6,870	274,773	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135082407

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

PREFERRED FAMILY HEALTHCARE INC

Employer identification number

43-1236557

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI	43-1178966		08-14-2013	9,500,000	CONSTRUCTION		X		X		X
B HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI	43-1178966		06-26-2014	7,094,500	REFUNDING AND CONSTRUCTION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	9,500,000		7,094,500					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows			5,679,109					
7	Issuance costs from proceeds	141,973		141,890					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	9,358,027		6,952,610					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion			2014					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDREW SCHWEND	SON OF MIKE SCHWEND, PRESIDENT	166,962	ANDREW IS AN EMPLOYEE OF THE ORGANIZATION		No
(2) AMY SCHWEND	DAUGHTER OF MIKE SCHWEND, PRESIDENT	14,829	AMY IS AN EMPLOYEE OF THE ORGANIZATION		No
(3) DR MARY BRANING	SISTER OF BONTIEA GOSS, COO	166,225	MARY IS AN EMPLOYEE OF THE ORGANIZATION		No
(4) MATT BASHAM	SON IN LAW OF BONTIEA GOSS, COO	104,522	MATT IS AN EMPLOYEE OF THE ORGANIZATION		No
(5) JENNIFER WILSON	DAUGHTER OF MIKE SCHWEND, PRESIDENT	81,278	JENNIFER IS AN EMPLOYEE OF THE ORGANIZATION		No
(6) RON GOSS	BROTHER OF TOM GOSS, CFO	35,132	RON IS AN EMPLOYEE OF THE ORGANIZATION		No
(7) SARAH BASHAM	DAUGHTER OF BONTIEA GOSS, COO	24,375	SARAH IS AN EMPLOYEE OF THE ORGANIZATION		No
(8) ALISHA HOSUTT	DAUGHTER OF BONTIEA GOSS, COO	28,577	ALISHA IS AN EMPLOYEE OF THE ORGANIZATION		No
(9) STEPHEN KASTNER	SON OF MARK KASTNER, BOARD CHAIR	46,154	STEPHEN IS AN EMPLOYEE OF THE ORGANIZATION		No
(10) ROBIN KASTNER	SPOUSE OF MARK KASTNER, BOARD CHAIR	35,438	ROBIN IS AN EMPLOYEE OF THE ORGANIZATION		No
(11) REBECCA NOLAN	SISTER OF MARILYN NOLAN, CEO	22,412	REBECCA IS AN EMPLOYEE OF THE ORGANIZATION		No
(12) ALISON SMITH	DAUGHTER OF KEITH NOBLE, CCO	15,912	ALISON IS AN EMPLOYEE OF THE ORGANIZATION		No

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number

43-1236557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	TOM GOSS, CFO OF ALTERNATIVE OPPORTUNITIES, AND BONTIEA GOSS, COO OF ALTERNATIVE OPPORTUNITIES, HAVE A FAMILY RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION A CO PY OF THE FORM 990 WAS DELIVERED TO ALL BOARD MEMBERS FOR REVIEW AND APPROVAL PRIOR TO SIG NING AND FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PREFERRED FAMILY HEALTHCARE, INC HAS A CONFLICT OF INTEREST POLICY TO PROTECT ITS INTEREST WHEN CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A DIRECTOR OR AN OFFICER OF THE ORGANIZATION OR THAT MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION ANNUALLY, ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST STATEMENT DISCLOSING ANY POSSIBLE SOURCES OF CONFLICT THESE POTENTIAL CONFLICTS ARE PRESENTED AT A BOARD MEETING WITH THE INTERESTED PARTY BEING EXCUSED FROM THE ROOM THE REMAINING BOARD MEMBERS DELIBERATE THE ISSUES AND CONDUCT A VOTE REGARDING THE SIGNIFICANCE OF THE CONFLICT AND WHETHER THE TRANSACTION IS ACCEPTABLE TO THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMPENSATION COMMITTEE PERFORMED A REVIEW OF COMPENSATION FOR THE CEO, CFO, AND ALL OFFICERS IN 2015 THIS REVIEW INCLUDED COMPARABLE DATA FROM SEVERAL SOURCES AND WAS APPROVED BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	MERGER WITH BRIDGEWAY BEHAVIORAL HEALTH INC EIN - 43-1150435 5,471,204

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
PREFERRED FAMILY HEALTHCARE INC

Employer identification number

43-1236557

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part IIIPart III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)CALLYN HEIGHTS APARTMENTS LP 900 E LAHARPE STREET KIRKSVILLE, MO 63501 36-4752772	LOW INCOME HOUSING	MO	N/A	RELATED				No		Yes		0 010 %
(2)CHLOE PLACE APARTMENTS LP 900 E LAHARPE STREET KIRKSVILLE, MO 63501 47-2660591	LOW INCOME HOUSING	MO	N/A	RELATED				No		Yes		0 010 %
(3)SPRINGFIELD PARTNERS LLC 2626 W COLLEGE ROAD SPRINGFIELD, MO 65803 20-4456484	CASE MANAGEMENT SERVICES	MO	N/A	RELATED	1,557,742	629,858		No		Yes		33 330 %

Part IVPart IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)PFH AVIATION INC 900 E LAHARPE STREET KIRKSVILLE, MO 63501 20-2935146	AVIATION	MO	PREFERRED FAMILY HEALTHCARE INC	S	48,563	525,863	100 000 %	Yes	
(2)CALLYN HEIGHTS LLC 900 E LAHARPE STREET KIRKSVILLE, MO 63501 45-3736330	HOUSING	MO	PREFERRED FAMILY HEALTHCARE INC	C			100 000 %	Yes	
(3)CHARITABLE TRUST	TRUST	MO		T			100 000 %	Yes	
(4)CHLOE PLACE LLC 900 E LAHARPE STREET KIRKSVILLE, MO 63501 46-3340704	HOUSING	MO	PREFERRED FAMILY HEALTHCARE INC	C			100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

1a

No

b

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

1b

No

c

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

1c

No

d

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

1d

Yes

e

Loans or loan guarantees by related organization(s)

1e

No

f

Dividends from related organization(s)

1f

No

g

Sale of assets to related organization(s)

1g

No

h

Purchase of assets from related organization(s)

1h

No

i

Exchange of assets with related organization(s)

1i

No

j

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

1j

No

k

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

1k

Yes

l

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

1l

Yes

m

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

1m

Yes

n

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

1n

Yes

o

Sharing of paid employees with related organization(s)

1o

Yes

p

Reimbursement paid to related organization(s) for expenses

1p

No

q

Reimbursement paid by related organization(s) for expenses

1q

No

r

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

1r

No

s

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

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PFH AVIATION INC	D	957,912	FAIR MARKET VALUE
(2)PFH AVIATION INC	K	230,230	FAIR MARKET VALUE

Schedule R (Form 990) 2015

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
GOOD SHEPHERD MANOR HOUSING CORPORATION 10101 JAMES A REED ROAD KANSAS CITY, MO 64134 43-1536704	HOUSING FOR AND CARE OF DEVELOPMENTALLY DISABLED INDIVIDUALS	MO	501(C)(3)	LINE 11A, I	PREFERRED FAMILY HEALTHCARE INC	Yes	
GOOD SHEPHERD VILLAGE HOUSING CORPORATION 10101 JAMES A REED ROAD KANSAS CITY, MO 64134 14-1987692	HOUSING FOR AND CARE OF DEVELOPMENTALLY DISABLED INDIVIDUALS	MO	501(C)(3)	LINE 11A, I	PREFERRED FAMILY HEALTHCARE INC	Yes	
KAY GOSS APARTMENTS INC 1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 30-0186032	HUD HOUSING	AR	501(C)(3)	LINE 9	N/A		No
INDEPENDENCE APARTMENTS INC 1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 31-1644449	HUD HOUSING	AR	501(C)(3)	LINE 9	N/A		No
PEACEFUL SHORES INC 1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 58-1933654	HUD HOUSING	AR	501(C)(3)	LINE 9	N/A		No
WHITE COUNTY HOUSING INC 1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 58-1820390	HUD HOUSING	AR	501(C)(3)	LINE 9	N/A		No
INDEPENDENCE COUNTY HOUSING INC 1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 58-1602907	HUD HOUSING	AR	501(C)(3)	LINE 9	N/A		No
MILLS CENTER APARTMENTS INC 1111 S GLENSTONE AVE STE 3-100 SPRINGFIELD, MO 65804 62-1679142	HUD HOUSING	AR	501(C)(3)	LINE 9	N/A		No