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7005 0390 0001 6978 2193 **Short Form**

Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total

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OMB No 1545-1150

Form 990-EZ

Open to Public Department of the Treasury assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to sabsfy state reporting requirements Inspection Internal Revenue Service 07/01, 2009, and ending A For the 2009 calendar year, or tax year beginning 06/30/2010 B Check if applicable Please C Name of organization D Employer Identification number use IRS Address change label or Name change HEARTLAND HEALTH 43-1283316 print or Number and street (or P O box, if mail is not delivered to street address) E Telephone number Room/suite Initial return type. See 5325 FARAON (816) 271-6611 Termination Specific City or town, state or country, and ZIP +4 Amended return Instruc F Group Exemption Applicate pending JOSEPH, MO 64506 Number · · · • G Accounting method | X | Cash | Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► X If the organization is not Website: ► WWW.HEARTLAND-HEALTH.COM required to attach Schedule B (Form 990, Tax-exempt status (check only one) - | X | 501(c) (3) ◀ (insert no) | 4947(a)(1) or 527 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances See the instructions for Part I) 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Investment income 4 5a 5 a Gross amount from sale of assets other than inventory c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here __ of contributions a Gross revenue (not including \$ reported on line 1) 6b **b** Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c **c** Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > _ Total revenue. Add lines 1, Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8

Grants and similar amounts and d (attach schedule) 9 10 Behentis pad to of for members
Salaries, other compensation and employee benefits 11 0. 12 rofessional fees and other payments to independent contractors 13 rent utilities and maintenance 14 15 15 16 Other expenses (describe > 16 17 Total expenses. Add lines 10 through 16 . . . 17 0. Excess or (deficit) for the year (Subtract line 17 from line 9) 0. 18 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 0. 19 ž 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 0. Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 0. 22 0. 22 23 23 Other assets (describe > ___ 24 24 25 0. 25 0.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

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Total liabilities (describe

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Part II	Statement of Program Service Accomplishme	ents (See the instructi	ons for Part III)		Ex (Required	penses	_
	the organization's primary exempt purpose? ATCH 2				501(c)(3) a	nd 501(c)(4)	
	e what was achieved in carrying out the organization's exe				4947(a)(1)	ns and section trusts, optional	
	the services provided, the number of persons benefited, and	other relevant information	for each program tit	e	for others		
28				—			
<u></u>) If the amount includes	foreign grants, check here			.		
<u>(Gra</u> 29	ints \$) If this amount includes	Toreign grants, check here		1 200	<u> </u>	 .	_
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	······································	foreign grants, check here		30a	1 -		
		foreign grants, check here		∵- 31a	,		
	ants \$) If this amount includes al program service expenses (add lines 28a through 31a)			► 32			
	V List of Officers, Directors, Trustees, and Key Emplo				structions fo	r Part IV)	
		(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Con	tributions to	(e) Expe	nse
	(a) Name and address	devoted to position	(if not paid, enter -0)		benefit plans & compensation	other allowa	and ances
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Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 33 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34 X 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 If "Yes," has it filed a tax return on Form 990-T for this year? 36 Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets during the year? If "Yes," complete sheaphicable paths of Schedule N. 37 a Enter amount of pollucal expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 Initiation fees and capital contributions included on line 9 39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4915 ▶ 0., section 4915 ▶ 0., section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 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-EZ7 if "Yes," complete Schedule L. Part I 40 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization mangers or disqualified persons during the year under sections 4912, 4955, and 4958 41 List the states with which a copy of this return is filed ▶MO, 21 P+4 ▶ 64506 42 At an	Part '	Other Information (Note the statement requirements in the instructions for Part V)			
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 34 Were any changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the changes, and the organization had moone from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization during the report the income on Form 990-T and bit the organization but were unrelated business gross income of \$1,000 in more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Speciable parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. 38 Dut the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this ratum? 38 If "Yes," complete Schedule L, Part II and enter the total amount involved 189b 199b 200 1990-E27 If "Yes," complete Schedule L, Part II and mount involved 199b 200 1990-E27 If "Yes," complete Schedule L, Part II and mount for the xerosed on the organization white 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-E27 If "Yes," complete Schedule L, Part II and excess benefit transaction with a disqualified person or disqualified persons during the year under sections 4912. 40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization's prior disqualified persons during the year under sections 4912. 40b Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax miposed on organization's books are in care of ▶30,018, P. MI				Yes	No
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign county See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Yes No Yes No If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ At any time during the calendar year, did the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No		Located at ►5325 FARAON ST JOSEPH, MO ZIP + 4 ► 64506			
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If "Yes," enter the name of the foreign county ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year Form 990-EZ 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X		over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? dif "Yes," enter the name of the foreign country ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		account)?	42b		Х
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X X X X X X X X X		If "Yes," enter the name of the foreign county ▶		4	
and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here▶ and enter the amount of tax-exempt interest received or accrued during the tax year Personal Test of the U S? 42c		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank		* ,	
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year Per No Tyes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X				2	-
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year Per No Tyes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X	С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here					
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 144 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 X	43			•	
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Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	4.6	Did the exposuration maintain any depart advised finds 2 if West 1 Farm 000 must be asserted to the first of		162	
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	· · · · · · · · · · · · · · · · · · ·		<u> </u>	***************************************
"Yes," Form 990 must be completed instead of Form 990-EZ		FORM 99U-EZ	44	ļ	
	45				
				لييا	

Part VI	Section 501(c)(3) organizations and section 501(c)(3) organizations and section 4947(and complete the tables for lines 50 and 6	(a)(1) nonexempt char	exempt charital	ble trusts only. st answer question	All se ons 46	ction 3-49b	
46 Di	d the organization engage in direct or indirect p	olitical campaign activitie	s on behalf of or	in opposition to		Yes	No
	ndidates for public office? If "Yes," complete Sche				46		Х
	d the organization engage in lobbying activities? If '				47		X
48 Is	the organization a school as described in section 1	70(b)(1)(A)(ıı)? If "Yes," co	omplete Schedule	E	48		X
	d the organization make any transfers to an exempt				49a		Х
b If"	'Yes," was the related organization a section 527 or	rganization?			49b		
	omplete this table for the organization's five high inployees) who each received more than \$100,000	• • • • •					d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expension and alloware	nd
NONE							
			-				
f To	Lotal number of other employees paid over \$100,000	▶ NON				-	
1 10	Mai fluttiber of other employees paid over \$100,000						
	omplete this table for the organization's five hig 00,000 of compensation from the organization li			ors who each rec	eived	more	than
	(a) Name and address of each independent contractor paid mo	ore than \$100,000	(b) Type	of service	(c) Con	pensat	ion
NONE							
d To	otal number of other independent contractors receiv	ring over \$100,000	▶ <u>NON</u>	E			
	Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete Declaration of pre						
Sign Here	Signature of officer	el A	<u> </u>	<u> </u>			
	Dougles Brandt Type or print name and title	Assistant T	resseres				
Paid	Preparer's Mh End	MAY 1 1	Check if 201 self- employed	Preparer's identifying nu	mber (Se	e instruct	ions)
Preparer' Use Only	yours if self-employed),	Firm's name (or yours if self-employed).					
May the II	RS discuss this return with the preparer shown abo		16 Pr		∑ Ye		No
y are n	TO CLOUDE WIND TOWN WITH WITH PROPERTY SHOWN AND				om 99		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HEARTI	AND HEALT	ГН							43-12	83316
Part I	Reason fo	or Public Char	ity Status (All organi	zations m	ust compl	ete this p	oart) Se	e instruc	tions	
The orga	nization is no	t a private founda	ation because it is (For	lines 1 thro	ugh 11, ch	eck only c	ne box)			
1	A church, co	onvention of chur	ches, or association of	churches d	escribed in	section	n 170(b)(1)(A)(i).		
2			on 170(b)(1)(A)(ii). (Att							
3			ospital service organiza			ction 170	(b)(1)(A)(iii).		
4 🖂	-		zation operated in co						170(b)(1)	(A)(iii). Enter the
		ame, city, and st	•	•		•			, ,, ,	
5			or the benefit of a col	lege or un	versity ow	ned or o	perated I	by a gove	ernmental	unit described in
	_	(b)(1)(A)(iv). (C		•	-		•			
6			ernment or government	al unit desc	ribed in	section 17	70(b)(1)(A	\)(v).		
7		-	Ily receives a substant						or from 1	the general public
	described in section 170(b)(1)(A)(vi). (Complete Part II)									
8	A communit	y trust described	in section 170(b)(1)(/	A)(vi). (Co	mplete Par	t II)				
9 🖂	An organiza	ation that norma	lly receives (1) more	than 33 1/3	% of its su	pport from	m contrib	utions, n	nembersh	p fees, and gross
	receipts fro	m activities rela	ited to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	han 33 1/3% of its
	support fro	m gross investi	ment income and un	related bus	siness taxa	able incoi	me (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975	See sectio	n 509(a)(2)	. (Compl	ete Part I	H)		
10	An organiza	ition organized ai	nd operated exclusively	to test for	oublic safet	y See s	section 5	09(a)(4).		
11 X	An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform th	e functio	ns of, or	to carry out the
	purposes of	f one or more p	oublicly supported orga	anizations (described i	in section	509(a)(1	l) or sec	tion 509(a	a)(2) See section
	509 <u>(a)(</u> 3). (Check the box th	at describes the type of	of s <u>upp</u> ortin	g organiza	tion and d	complete	lines 11e	through	11h
	a X Typ	pel b [Type II	; 💹 Тур	e III - Func	tionally int	tegrated		d T ₃	pe III - Other
e	By checking	g this box, I ce	ertify that the organiz	ation is no	ot controlle	d directly	y or ind	rectly by	one or	more disqualified
	persons oth	er than foundat	ion managers and oth	er than on	e or more	publicly s	supported	lorganız	ations de	scribed in section
	509(a)(1) o	r section 509(a)(2)							
f	If the orgar	nization received	d a written determinat	ion from t	the IRS tha	atitis a	Type I, 7	Гуре II, о	r Type III	supporting
	organization	n, check this box								
g	Since Augus	st 17, 2006, has t	the organization accept	ed any gift	or contribut	ion from a	any of the			
	following pe									
		•	or indirectly controls		•	ether with	h person	s describ	oed in (ii)	
			erning body of the sup	_	nization?					11g(i) X
		•	erson described in (i) at		<i></i>					. 11g(ii) X
			of a person described i		•					11g(iti) X
<u>h</u>	Provide the	following informa	ation about the supporte	ed organiza	tion(s)	т		,		
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		rganization sted in your		ou notify	(vi) organizat	ls the	(vii) Amount of support
org	anızatıon		above or IRC section		document?		of your	(ı) organı	zed in the	зирроп
			(see instructions))		· ••		port?		S?	
				Yes	No	Yes	No	Yes	No	
A'I''I'	<u>ACHMENT</u>	 	<u> </u>	1	<u> </u>					
						<u> </u>				
			 		<u> </u>	 		-	ļ	
			 - 	<u> </u>		1		 	<u> </u>	
						<u> </u>	 	 		
Total										0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you check	ganizations D ked the box or	escribed in Son line 5, 7, or	Sections 170(8 of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(/	A)(vi)
Sect	ion A. Public Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				-	ļ	
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)						<u> </u>
6	Public support. Subtract line 5 from line 4			[<u> </u>	
	tion B. Total Support			,	,	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organizat	tion's first, secon	nd, third, fourth,	or fifth tax ye	ear as a section	
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2009 (line			, column (f))		14	%
15	Public support percentage from 2008 S	chedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3 % support test - 2009. If the c						
	this box and stop here. The organization	on qualifies as a	a publicly suppo	rted organizatio	on		▶∐
b	33 1/3 % support test - 2008. If the	organization did	I not check a b	ox on line 13	or 16a, and line	e 15 is 33 i/3 %	or more,
	check this box and stop here. The organization	anızatıon qualıfi	es as a publicly	supported orga	anization		▶ 📖
17a	10%-facts-and-circumstances test - 2	-					
	or more, and if the organization me	eets the "facts	-and-circumstan	ces" test, che	ck this box an	d stop here. E	Explain in
	Part IV how the organization meets			_	•		
	organization						▶ 📖
b	10%-facts-and-circumstances test -:	2008 . If the org	ganization did r	ot check a box	k on line 13, 16	Sa, 16b, or 17a,	, and line
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization	on meets the "	facts-and-circun	nstances" test	The organization	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization	n did not ched	k a box on lin	e 13, 16a, 16b	o, 17a, or 17b,	check this box	and see
	instructions	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u></u> .▶∟
						Schedule A (Form 9	90 or 990 E71 2009

Page 3

Part III	Su	pport Schedule	for Organizations	Described in	Section 509(a)(2)
	(C	omplete only if vo	ou checked the box	on line 9 of P	art I)

Sect	ion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
4	· ·						
	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					<u> </u>	
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3			-			
U	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)			l	ļ	<u> </u>	
Sec	ion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						<u> </u>
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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			İ			
	loss from the sale of capital assets						
	(Explain in Part IV)						<u> </u>
13	Total support. (Add lines 9, 10c, 11,			Ì			
	and 12)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here					<u> </u>	▶
Sec	ion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2009 (line 8, c	olumn (f) dıvıded t	y line 13, column	(f))		15	%
16	Public support percentage from 2008 Schedu	ule A, Part III, line	15			16	%
Sec	ion D. Computation of Investmen				·	<u> </u>	
17	Investment income percentage for 2009 (In			3. column (f))		17	%
18	Investment income percentage from 2008					-	%
	33 1/3 % support tests - 2009. If the o						
.5 4	17 is not more than 33 1/3 %, check the						
L	33 1/3 % support tests - 2008. If the org		-	•	· · · · · · · · · · · · · · · · · · ·		
D	line 18 is not more than 331/3 %, check				•		
20	· ·		-	•			
20	Private foundation. If the organization	and mor crieck	2 50x On line	.¬, .∂a, UI 190	z, GIEGE UIIS DE	on and acc misu	uouona P

Page 4

	51111 000 01 000 EE, 2000							r
Part IV	Supplemental Infor Part II, line 17a or 17							
						ATTAC	HMENT 1	
SCHEDULE A,	PART I - INFORMATION A	ABOUT SUPPORTED ORGAN	IZATIONS					
				(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT
(I) NAME OF	SUPPORTED ORGANIZATION	1	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
HEARTLAND R	REGIONAL MEDICAL CENTER		44-0545	289 03	х	х	х	
TOTAL AMOUN	IT OF SUPPORT							

.. Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No 1545-1709

Internal Revenue S	ervice	► File a separate application for each return.	
If you are fi	ling for an	Automatic 3-Month Extension, complete only Part I and check this box	▶ X
If you are fi	ling for an	Additional (Not Automatic) 3-Month Extension, complete only Part II (on pagunlessou have already been granted an automatic 3-month extension on a previous	e 2 of this form)
Part I Auto	matic 3-l	Month Extension of Time. Only submit original (no copies needed)	
		file Form 990-T and requesting an automatic 6-month extension - check this box a	ind complete
Part I only			▶ ∐
All other corporations to file inco		ncluding 1120-C filers), partnerships, REMICs, and trusts must use Form 70 turns	004 to request an extension of
one of the reference electronically returns, or a content of the reference	turns note if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autor defence of the form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T Instead, you must submit the fully completed and in the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Complete a	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Type or	Name of	Exempt Organization	Employer identification number
print	HEA	RTLAND HEALTH	43-1283316
•		street, and room or suite no. If a P.O. box, see instructions	
File by the due date for		5 FARAON	
filing your return See		or post office, state, and ZIP code. For a foreign address, see instructions	
instructions	•	JOSEPH, MO 64506	
Check type of		be filed (file a separate application for each return)	
Form 990		` <u> </u>	m 4720
Form 990			m 5227
X Form 990			
H		· · · · · · · · · · · · · · · · · · ·	m 6069
Form 990)-PF	Form 1041-A For	m 8870
If the organIf this is for for the whole g	nization do a Group F group, che	es not have an office or place of business in the United States, check this box leturn, enter the organization's four digit Group Exemption Number (GEN)	
1 I reques	st an au	tomatic 3-month (6 months for a corporation required to file Form	•
untıl		$\frac{02/15}{1}$, $\frac{2011}{1}$, to file the exempt organization return for the organization	named above The extension is
for the or	ganızatıon	s return for	
• X	calendar tax year t	·	06/30, 2010
2 If this tax	year is for	less than 12 months, check reason Initial return Final return	Change in accounting period
3a If this ap	plication	s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any
	-	its See instructions	3a \$ 0.
		s for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	
	-	prior year overpayment allowed as a credit	3b \$ 0.
		ract line 3b from line 3a Include your payment with this form, or, if required,	
		or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	· I I
instruction			3c \$ 0.
	•	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	
for payment ins		to make an electronic lunu williurawai with tills FOITH 0000, See FOITH 0403-EO am	u i Uiii 00/3-EU
		annual Dadustina Ant Nation and Instanced	- 0000
FOR PRIVACY AC	x and Pap	erwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

Form 8868	3 (Rev 1-2011)				Page 2
	are filing for an Additional (Not Automatic) 3-Mo	onth Extens	ion, complete only Part II and che	ck this box	> X
	nly complete Part II if you have already been grant				
	are filing for an Automatic 3-Month Extension, o				
Part II				copies needed).	
Type o				Employer identification	number
print	HEARTLAND HEALTH			43-1283316	
File by the		x, see instruc	tions		
extended	5325 EADAON				
due date for filing your	City, town or post office, state, and ZIP code For	a foreign add	ress, see instructions		
return Sei	OF TOURNIE NO CAEOC	-			
III SII GCIOII	5 51. 55521, 1.5 5.655	-		<u> </u>	
Enter th	e Return code for the return that this application is	for (file a se	eparate application for each return)		0 3
Applica	tion	Return	Application		Return
ls For		Code	Is For		Code
Form 99	00	01			•
Form 99		02	Form 1041-A		08
Form 99		03	Form 4720		09
Form 99		04	Form 5227		10
	00-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	00-T (trust other than above)	06	Form 8870		12
STOPI	Oo not complete Part II if you were not already gr	ranted an a	utomatic 3-month extension on a pro	eviously filed Form 88	68.
Telep If the If this for the v	oooks are in the care of ▶ JOHN P WILSON of the No ▶ 816 271-6611 organization does not have an office or place of the sist of a Group Return, enter the organization's found of the group, check this box ▶ the names and EINs of all members the extension	ousiness in t ur digit Grou If it is for pa	ip Exemption Number (GEN)	If thi	
	equest an additional 3-month extension of time unt		05/15 .	20 11	
	or calendar year, or other tax year beginni				20 10
6 If 1	the tax year entered in line 5 is for less than 12 mo Change in accounting period ate in detail why you need the extension			Final return	
	ADDITIONAL TIME IS REQUIRED TO AC	CCUMULAT	E THE INFORMATION		
	NECESSARY TO FILE A COMPLETE AND	ACCURAT	E RETURN.		
				_	
	this application is for Form 990-BL, 990-PF, 9 priefundable credits. See instructions	90-T, 4720	o, or 6069, enter the tentative tax	k, less any 8a \$	0.
b If	this application is for Form 990-PF, 990-T.	4720, o	r 6069, enter any refundable ci	redits and	
es	stimated tax payments made Include any pr	rior year o	overpayment allowed as a credit	and any	
ar	nount paid previously with Form 8868			8b \$	0.
c Ba	alance Due. Subtract line 8b from line 8a Include	your payn	nent with this form, if required, by us	sing EFTPS	
(E	lectronic Federal Tax Payment System) See instru	uctions		8c \$	0.
rt is true, o	naities of perjury, I declare that I have examined this form, correct, and complete, and that I am authorized to prepare this f	including ac	nd Verification companying schedules and statements, and	to the best of my knowledg	ge and belief,
Signature			TIME		(Rev 1-2011)
	BKD, LLP			rorm 0000	(INEV 1-2011)
	1201 WALNUT, SUITE 1700				

ATTACHMENT 2

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF HEARTLAND HEALTH IS TO IMPROVE THE HEALTH OF INDIVIDUALS AND COMMUNITIES LOCATED IN THE HEARTLAND HEALTH REGION AND PROVIDE THE RIGHT CARE, AT THE RIGHT TIME, IN THE RIGHT PLACE, AT THE RIGHT COST WITH OUTCOMES SECOND TO NONE. THE VISION OF HEARTLAND HEALTH IS TO MAKE HEARTLAND HEALTH AND ITS SERVICE AREA THE BEST AND SAFEST PLACE IN AMERICA TO RECEIVE HEALTH CARE AND LIVE A HEALTHY AND PRODUCTIVE LIFE.

ATTACHMENT 3

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

EXPENSE ACCT. AND OTHER ALLOWANCES	. 0	o			·	Ċ	.0
CONTRIBUTIONS EX TO EMPLOYEE BENEFIT PLANS	·	·	.0	.0	· o	ó	·
COMPENSATION		· o			.0	.0	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PAST PRESIDENT 1.00	SECRETARY/TREASURER 1.00	CHIEF OPERATING OFFICER 1.00	PRESIDENT 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00
NAME AND ADDRESS	LOWELL C KRUSE 5325 FARAON ST. JOSEPH, MO 64506	JOHN P WILSON 5325 FARAON ST. JOSEPH, MO 64506	CURT KRETZINGER 5325 FARAON ST. JOSEPH, MO 64506	MARK LANEY MD 5325 FARAON ST. JOSEPH, MO 64506	ROBERT JOHNSON MD 5325 FARAON ST. JOSEPH, MO 64506	FRANK LEONE 5325 FARAON ST. JOSEPH, MO 64506	CAROL ROEVER 5325 FARAON

ATTACHMENT 3 (CONT'D)

EXPENSE ACCT. AND OTHER ALLOWANCES		· o		.0	· o		.0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		.0	0		0	.0	.0
COMPENSATION		· o	0		0	.0	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00	DIRECTOR 1.00
NAME AND ADDRESS	ST. JOSEPH, MO 64506	DAVID CATHCART DO 5325 FARAON ST. JOSEPH, MO 64506	AL PURCELL 5325 FARAON ST. JOSEPH, MO 64506	JOHN OLSON MD 5325 FARAON ST. JOSEPH, MO 64506	DAVID SALANSKI 5325 FARAON ST. JOSEPH, MO 64506	BARBARA WURTZLER 5325 FARAON ST. JOSEPH, MO 64506	ROBERT VARTABEDIAN PHD 5325 FARAON ST. JOSEPH, MO 64506

ATTACHMENT 3 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

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EXPENSE ACCT. AND OTHER ALLOWANCES	0	0	0	Ü	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	ö	ò	ò	Ö	0.
COMPENSATION	.0	ō	ō	.0	•0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 1.00	DIRECTOR 1.00	ASSISTANT TREASURER 1.00	ASSISTANT SECRETARY 1.00	GRAND TOTALS
NAME AND ADDRESS	STEVE SCHRAM 5325 FARAON ST. JOSEPH, MO 64506	CHUCK HAMILTON 5325 FARAON ST. JOSEPH, MO 64506	DOUGLAS BRANDT 5325 FARAON ST. JOSEPH, MO 64506	KAREN DITTEMORE 5325 FARAON ST. JOSEPH, MO 64506	