See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Heartland Regional Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5325 FARAON

City or town, state or country, and ZIP + 4
ST JOSEPH, MO 64506

D Employer identification number
44-0545289

E Telephone number
(816) 271-6611

G Gross receipts $ 539,819,991

F Name and address of principal officer
JOHN P WILSON
5325 FARAON ST JOSEPH MO 645
ST JOSEPH, MO 64506

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW HEARTLAND-HEALTH COM

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

L Year of formation 1985

M State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE THE BEST HEALTH CARE AND TO IMPROVE THE LIVES OF THOSE IN THE COMMUNITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	3,528
6	Total number of volunteers (estimate if necessary)	6	61
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	157,066
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	451,852	424,326
9	Program service revenue (Part VIII, line 2g)	463,674,065	467,437,540
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-17,828,834	7,699,008
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,729,680	11,371,111
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	454,026,763	486,931,985
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,972,207	4,414,466
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	229,387,035	234,241,319
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	208,569,900	208,720,432
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	439,929,142	447,376,217
19	Revenue less expenses Subtract line 18 from line 12	14,097,621	39,555,768

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	533,598,793	560,744,999
21	Total liabilities (Part X, line 26)	319,823,172	296,638,840
22	Net assets or fund balances Subtract line 21 from line 20	213,775,621	264,106,159

Part II Signature Block

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

Sign Here

****** | 2011-05-16
Signature of officer | Date

JOHN P WILSON CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Michael J Engle	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: BKD LLP, 1201 Walnut Suite 1700, Kansas City, MO 641062246			EIN ▶
			Phone no ▶ (816) 221-6300

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 409,802,444 including grants of $ 4,414,466) (Revenue $ 478,331,934)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 409,802,444

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?	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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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*	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	265		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	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	**2a**	3,528		
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 this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	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)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the 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**			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 11		
b	Enter the number of voting members that are independent . .	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , IL , MO , NC

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 make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

JOHN P WILSON
5325 FARAON
ST JOSEPH, MO 64506
(816) 271-6611

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	13,041,994	0	4,961,490

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 304

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER CORP	SOFTWARE SYSTEMS	6,350,745
IHP INDUSTRIAL INC	CONSTRUCTION	3,243,657
SIEMENS MEDICAL SOLUTIONS USA	IMAGING SALES&SVC	2,605,711
SE EMERGENCY PHYSICIANS	EMRGNCY PHYS	1,947,712
LEHR CONSTRUCTION CO INC	CONSTRUCTION	1,912,180

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 107

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 8,566				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 36,038				
	e	Government grants (contributions)	1e 109,365				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 270,357				
	g	Noncash contributions included in lines 1a-1f $ 124,435					
	h	**Total.** Add lines 1a-1f		424,326			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621,110	467,437,540	467,437,540		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		467,437,540			
	3	Investment income (including dividends, interest and other similar amounts)		5,214,727			5,214,727
	4	Income from investment of tax-exempt bond proceeds		430,691			430,691
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	476,717				
	b	Less rental expenses					
	c	Rental income or (loss)	476,717				
	d	Net rental income or (loss)		476,717			476,717
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	55,865,842	120,558			
	b	Less cost or other basis and sales expenses	52,648,221	239,785			
	c	Gain or (loss)	3,217,621	-119,227			
	d	Net gain or (loss)		2,053,590			2,053,590
Other Revenue	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		0			
	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		0			
	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		0			
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria	722,210	1,934,786	1,934,786		
	b	Refferal Lab	111,000	1,072,948	964,315	108,633	
	c	Copying Revenue	541,380	211,964	211,964		
	d	All other revenue		7,674,696	7,626,263	48,433	
	e	**Total.** Add lines 11a–11d		10,894,394			
	12	**Total revenue.** See Instructions		486,931,985	478,174,868	157,066	8,175,725

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,414,466	4,414,466		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,790,231	7,502,528	3,287,703	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	960,730	960,730		
7 Other salaries and wages	176,518,051	163,871,413	12,646,638	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,217,944	8,912,649	1,305,295	
9 Other employee benefits	24,596,903	23,127,523	1,469,380	
10 Payroll taxes	11,157,460	10,522,395	635,065	
11 Fees for services (non-employees)				
a Management	0			
b Legal	781,006	140,639	640,367	
c Accounting	169,494		169,494	
d Lobbying	98,711		98,711	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	9,241,474	6,571,589	2,669,885	
12 Advertising and promotion	1,827,096	1,714,511	112,585	
13 Office expenses	65,136,830	62,899,685	2,237,145	
14 Information technology	3,081,262	2,497,170	584,092	
15 Royalties	0			
16 Occupancy	10,244,312	8,091,541	2,152,771	
17 Travel	722,898	592,611	130,287	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,959,368	1,595,459	363,909	
20 Interest	4,923,480	4,875,072	48,408	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	23,804,175	18,256,852	5,547,323	
23 Insurance	2,690,084	2,360,204	329,880	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REPAIRS AND MAINTENANCE	12,111,873	11,238,376	873,497	
b PROVISION FOR UNCOLLECTIBLE	33,546,467	33,298,406	248,061	
c PURCHASED SERVICES	13,868,743	12,127,679	1,741,064	
d FRA TAX	23,879,375	23,879,375		
e MEMBERSHIPS & DUES	633,784	351,571	282,213	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	447,376,217	409,802,444	37,573,773	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		22,502,335	2	4,782,752
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		52,248,345	4	54,546,356
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,326,875	8	7,432,442
	9	Prepaid expenses and deferred charges		3,803,734	9	5,889,719
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 436,886,085			
	b	Less accumulated depreciation	10b 231,677,619	202,998,597	10c	205,208,466
	11	Investments—publicly traded securities		217,189,581	11	245,417,935
	12	Investments—other securities See Part IV, line 11		14,487,399	12	22,817,256
	13	Investments—program-related See Part IV, line 11		3,020,856	13	3,379,445
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,021,071	15	11,270,628
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		533,598,793	16	560,744,999
Liabilities	17	Accounts payable and accrued expenses		100,813,906	17	79,203,417
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		200,000,000	20	196,500,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		6,327,621	23	5,511,177
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		12,681,645	25	15,424,246
	26	**Total liabilities.** Add lines 17 through 25		319,823,172	26	296,638,840
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		213,775,621	27	264,106,159
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		213,775,621	33	264,106,159
	34	Total liabilities and net assets/fund balances		533,598,793	34	560,744,999

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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?	3a		No
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	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar 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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Heartland Regional Medical Center	44-0545289

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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 funtion 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? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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)).

		(a) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		121,053
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			121,053
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,317,168		15,317,168
b Buildings		212,045,824	89,159,777	122,886,047
c Leasehold improvements		20,321,459	11,239,525	9,081,934
d Equipment		138,788,609	98,906,629	39,881,980
e Other		50,413,025	32,371,688	18,041,337
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				205,208,466

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DERIVATIVE INSTRUMENTS	13,406,911
MINORITY INTEREST	2,017,335
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,424,246

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		
Totals . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
ACTIVITIES PER REGION	SCHEDULE F, PART I, LINE 3	(A) CENTRAL AMERICA AND CARIBBEAN (B) N/A (C) N/A (D) INVESTMENTS (E) N/A (F) N/A NOTHING IS DISCLOSED UNDER COLUMNS B, C, E, & F BECAUSE THE INSTRUCTIONS ONLY REQUIRE REPORTING FOR COLUMNS A & D THE INVESTMENT ACTIVITY REFERRED TO ABOVE IS INCLUDED IN FORM 990, PART X, LINE 12

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			9,759,820	173,868	9,585,952	2 450 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			80,212,644	78,245,410	1,967,234	0 500 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			89,972,464	78,419,278	11,553,186	2 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			3,398,041		3,398,041	0 870 %
f Health professions education (from Worksheet 5)			836,303		836,303	0 210 %
g Subsidized health services (from Worksheet 6)			601,598		601,598	0 120 %
h Research (from Worksheet 7)			250,424		250,424	0 060 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			4,414,466		4,414,466	1 130 %
j **Total** Other Benefits			9,500,832		9,500,832	2 390 %
k **Total.** Add lines 7d and 7j			99,473,296	78,419,278	21,054,018	5 340 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			43,360		43,360	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			375,829		375,829	0 080 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			875,503		875,503	0 200 %
9	Other						
10	**Total**			1,294,692		1,294,692	0 290 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	15,490,418		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	168,912,549
6	Enter Medicare allowable costs of care relating to payments on line 5	6	186,109,380
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-17,196,831
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
HEARTLAND REGIONAL MEDICAL CENTER 5325 FARAON ST JOSEPH, MO 64506	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

THE ORGANIZATION'S SERVICE AREA IS A 21 COUNTY URBAN/RURAL AREA LOCATED NEAR THE INTERSECTION OF A FOUR-STATE AREA THE POPULATION IS ELDERLY AND UNDER-INSURED THE LOCAL ECONOMY IS MADE UP OF AGRICULTURAL, SMALL MANUFACTURING AND SELF-EMPLOYED BUSINESSES, PRIMARILY BLUE COLLAR WORKERS THE ORGANIZATION SUPPORTS A PAYOR MIX OF 49% MEDICARE, 14% MEDICAID, 31% COMMERCIAL AND 6% SELF PAY THE COMMUNITY HAS A HIGH INCIDENCE OF DIABETES, OBESITY AND SMOKING AND ALCOHOL HABITS

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

THE ORGANIZATION IS BUILDING RELATIONSHIPS WITH MEDICAL PRACTITIONERS IN SURROUNDING COMMUNITIES IN ORDER TO ASSIST WITH THE CONTINUED AVAILABILITY OF MEDICAL COVERAGE IN THOSE AREAS

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 44-0545289
Name: Heartland Regional Medical Center

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PHYSICIAN CLINIC COST $ 601,598

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25 COLUMN (A) BUT SUBTRACTED FOR PURPOSE OF CALCULATING THE PERCENTAGE IS $ 33,502,146

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOTE 1 PATIENT ACCOUNTS RECEIVABLE THE MEDICAL CENTER REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS AND OTHERS THE MEDICAL CENTER PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON A REVIEW OF OUTSTANDING RECEIVABLES, HISTORICAL COLLECTION INFORMATION AND EXISTING ECONOMIC CONDITIONS AS A SERVICE TO THE PATIENT, THE MEDICAL CENTER BILLS THIRD-PARTY PAYERS DIRECTLY AND BILLS THE PATIENT WHEN THE PATIENT'S LIABILITY IS DETERMINED PATIENT ACCOUNTS RECEIVABLE ARE DUE IN FULL WHEN BILLED ACCOUNTS ARE CONSIDERED DELINQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT BAD DEBT EXPENSE OF 33,298,406 TIMES COST/CHARGE RATIO ADJUSTED FOR COMMUNITY BENEFIT EXPENSES SERVICES WERE PROVIDED IN GOOD FAITH BY THE ORGANIZATION THOSE WHO CHOOSE NOT TO PAY, WHO ARE NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, CREATE A FINANCIAL BURDEN FOR THE ORGANIZATION BY NOT PAYING WHICH DECREASES ASSETS OF THE ORGANIZATION RESULTING IN LIMITED ABILITY TO OFFER MARKETABLE COMPENSATION TO TRAINED STAFF OR TO INVEST IN TECHNOLOGY FOR BETTER QUALITY CARE IN THE END, THE COMMUNITY PAYS FOR THOSE WHO WILL NOT PAY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

CHARGE RATES ARE CONSISTENT WITH MARKET RATES THE ORGANIZATION IS THE AREA'S ONLY FULL SERVICE HOSPITAL PROVIDING TWENTY-FOUR HOUR EMERGENCY DEPARTMENT COVERAGE, URGENT CARE SERVICES AND BOTH INPATIENT AND OUTPATIENT CARE COSTS ARE BASED UPON A COST TO CHARGE RATIO ADJUSTED FOR COMMUNITY BENEFIT EXPENSES SINCE THE ORGANIZATION IS CONTRACTED WITH CMS TO PROVIDE COVERAGE TO ITS BENEFICIARIES AND IS REQUIRED TO ACCEPT WHAT IS ALLOWED AND THE ALLOWABLE DOESN'T COVER COST, THE ORGANIZATION'S FINANCIAL STABILITY IS AT RISK LIMITED REIMBURSEMENT THREATENS THE ORGANIZATION'S ABILITY TO ATTRACT QUALIFIED MEDICAL AND TECHNICAL STAFF AND LIMIT THE PURCHASE OF NEW TECHNOLOGY WHICH CAN HELP TO INCREASE THE QUALITY OF CARE AND SHORTEN LENGTHS OF STAY THE COMMUNITY HOSPITAL IS VITAL TO THE ECONOMY OF THE COMMUNITY BECAUSE OF THE JOBS IT BRINGS, THE LOCAL VENDORS IT UTILIZES, IT'S SUPPORT OF COMMUNITY PROGRAMS AND THE OVERALL DOWN-STREAM EFFECT OF ALL OF THIS ACTIVITY THE ORGANIZATION IS A PROUD PROMOTER OF THE ST JOSEPH COMMUNITY AND HOLDS THE BELIEF THAT IT HAS A MORAL OBLIGATION TO SUPPORT THE COMMUNITY, EDUCATE THE COMMUNITY, HEAL THE COMMUNITY, IMPROVE THE COMMUNITY WHEN A SEGMENT OF THE ORGANIZATION'S PATIENTS DON'T PAY FOR THEIR FULL COST OF SERVICES, THEN IT BECOMES THE BURDEN OF THE COMMUNITY TO PICK UP THE SHORTFALL WHETHER THAT BE THROUGH LESS SERVICES OR HIGHER CHARGES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE ORGANIZATION HAS ESTABLISHED STANDARDS LD6014 PFS-COLLECTION GUIDELINES FOR MEDICAL CENTER), LD6503 (PFS OFFICE-PAYMENT ARRANGEMENTS AFM AND PFM) AND LD6465 (MEDICAL CENTER, HEARTLAND PARAMEDICS, HEARTLAND CLINIC AND LONG TERM ACUTE CARE HOSPITAL FINANCIAL ASSISTANCE) WHICH GOVERN COLLECTION PRACTICES FOR ALL TYPES OF PAYERS FROM THE CREATION OF THE PATIENT'S ACCOUNT DURING REGISTRATION TO THE FINAL ARRANGEMENTS NECESSARY TO BRING THE BALANCE TO ZERO

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

USING DATA GATHERED BY INDIVIDUALS AND GROUPS SUCH AS UNNATURAL CAUSES, 2008, THE CONFERENCE BOARD, WAGNER 2008, THE AMERICA'S PROMISE ALLIANCE, 2008, ROBERT WOOD JOHNSON FOUNDATION, 2008, THE SURGEON GENERAL, THOMSON MEDSTAT (USA TODAY, 2006), ROLAND STURM THE EFFECTS OF OBESITY, SMOKING AND DRINKING ON MEDICAL PROGRAMS AND COSTS (HEALTH AFFAIRS, MARCH/APRIL 2002), JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, AND SAFETY INSTITUTE OF PREMIER, INC, GAO REPORT, 2007 ALONG WITH A COLLABORATIVE THINK TANK OF LOCAL EDUCATION HEADS, STATE, COUNTY AND CITY GOVERNMENT LEADERS, LOCAL BUSINESS LEADERS AND AFFILIATED HOSPITAL AND FOUNDATION LEADERSHIP SEVERAL CRITICAL AREAS HAVE BEEN TARGETED PREPARING TODAY'S STUDENTS TO BE TOMORROW'S WORKFORCE, OBESITY IN BOTH CHILDREN AND ADULTS, ENVIRONMENTAL PROTECTION, BUILDING PHILANTHROPY AND VOLUNTEERISM, REINFORCING THE MORAL OBLIGATION THAT COMPANIES AND INDIVIDUALS HAVE TO IMPROVE THEIR COMMUNITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

AS PART OF THE PRE-REGISTRATION PROCESS, INSURANCE COVERAGE INFORMATION IS REQUESTED IF CLIENT INDICATES INABILITY TO PAY THEN CLIENT IS SCREENED FOR MEDICAID ELIGIBILITY AND ASSISTED IN APPLICATION PROCESS IF NO OTHER PAYMENT RESOURCES ARE AVAILABLE, THE CLIENT IS ADVISED OF THE FINANCIAL ASSISTANCE PROGRAM AND ENCOURAGED TO PROVIDE THE NECESSARY FINANCIAL DOCUMENTATION TO PROVE ELIGIBILITY CLIENTS WHO WERE NOT SCREENED BY PRE-REGISTRATION AND THEREFORE MISSED THE SCREENING PROCESS, HAVE THE ABILITY TO LEARN OF THE MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE SERVICES BY CONTACTING THE BILLING DEPARTMENT UPON RECEIPT OF AN ACCOUNT STATEMENT FINANCIAL DOCUMENTATION IS STILL NECESSARY TO PROVE QUALIFICATION FOR THE FINANCIAL ASSISTANCE SERVICE

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

THE ORGANIZATION PROVIDES FUNDING TO AN AFFILIATED FOUNDATION WHICH COLLABORATES WITH EDUCATION, GOVERNMENT AND LOCAL BUSINESS LEADERS TO FORM THE HEALTHY COMMUNITIES INVESTOR COUNCIL TO BRING NON-TRADITIONAL PARTNERS TO THE TABLE TO SHARE RESOURCES, DIFFERENT PERSPECTIVES, AND NEW POSSIBILITIES FOR BUILDING HEALTHIER, MORE LIVABLE COMMUNITIES EXAMPLES ARE THE P-20 BUSINESS AND EDUCATION COUNCIL, THE EMPOWER PLANT, THE REGIONAL TECHNOLOGY INFRASTRUCTURE TEAM, PROGRAMS SUCH AS POUND PLUNGE, YOUTH HEALTH PARTNERSHIP, SENIOR HEALTH, PROJECT FIT, WOMEN'S WELLNESS INITIATIVE, HEART WALK, CORPORATE CHALLENGE, HEALTH RISK ASSESSMENTS FOR LOCAL BUSINESSES, WELLNESS AMBASSADORS, ASSESSMENT OF COMMUNITY ENVIRONMENTAL ISSUES SUCH AS POLLUTION PREVENTION, ENVIRONMENTALLY-FRIENDLY MATERIAL PURCHASES AND WASTE MANAGEMENT/REDUCTION POLICIES, INCREASED AWARENESS OF THE NEED FOR PHILANTHROPIC EFFORTS AND VOLUNTEERISM TO SUPPORT PROGRAMS SUCH AS SUCCESS BY SIX, SOCIAL WELFARE BOARD, INTERFAITH COMMUNITY SERVICES, NATURE CENTER, NURSING SCHOLARSHIP PROGRAMS, SUPPORT OF AMERICAN RED CROSS PROGRAMS, SUPPORT OF LOCAL ARTS AND CULTURAL ACTIVITIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

THE ORGANIZATION IS AFFILIATED, THROUGH A PARENT BOARD, WITH A FOUNDATION WHICH COLLABORATES WITH EDUCATION, GOVERNMENT AND LOCAL BUSINESS LEADERS TO IMPLEMENT PROGRAMS THAT WILL HELP TO ALLEVIATE THOSE ISSUES WHICH LEAD TO POOR HEALTH HABITS AND THE ULTIMATE NEED FOR MEDICAL CARE THE ORGANIZATION IS CONTROLLED BY A CORPORATION WHICH ALSO CONTROLS A LONGTERM ACUTE CARE HOSPITAL, WHERE PATIENTS WITH EXTENSIVE ILLNESSES CAN BE TREATED IN A MORE COMPREHENSIVE LONG-TERM ACUTE CARE TREATMENT FACILITY THE FILING ORGANIZATION IS ALSO RELATED TO AN AMBULANCE PROVIDER THAT IS THE SOLE MEDICAL TRANSPORT PROVIDER IN THE COUNTY WITHOUT ANY ALTERNATIVE GOVERNMENT FUNDING

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNITED WAY OF ST JOSEPH118 SOUTH 5TH STREET ST JOESPH,MO 64501	440547802	501(c)(3)	510,921				SUPPORT
UNIVERSITY OF MINNESOTANW 5960 PO BOX 1450 MINNEAPOLIS,MN 55485	416027707	501(C)(6)	500,000				COMMUNITY DEVELOPMENT
HEARTLAND FOUNDATION 5325 FARAON ST JOSEPH,MO 64506	431262768	501(C)(3)	2,109,444				SUPPORT
ONE5 FOUNDATION11221 ROE AVE LEAWOOD,KS 66211	446001444	501(C)(3)		1,157,752	BOOK	ORTHO SUPPLIES	HAITIAN RELIEF
HEARTLAND FOUNDATION 5325 FARAON ST JOSEPH,MO 64506	431262768	501(C)(3)		67,750	APPRAISAL	LAND	FUTURE EXPANSION

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 4

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	THE ORGANIZATION IS COMMITTED TO THE DEVELOPMENT OF A HEALTHY COMMUNITY WHICH INCLUDES THE HEALTH OF INDIVIDUALS, AN ADEQUATE NUMBER OF JOBS FOR THE WORKFORCE AND SUCCESSFUL BUSINESSES TO BOOST THE LOCAL ECONOMY GRANTS ARE PROVIDED TO LOCAL GROUPS THAT ACHIEVE THESE OBJECTIVES GENERALLY OUR OFFICERS, DIRECTORS OR EMPLOYEES ARE IN A VOLUNTEER POSITION OR ARE A BOARD MEMBER OF THE RECIPIENT ORGANIZATION ALSO, BEING A SMALL COMMUNITY IT IS NOT THAT DIFFICULT TO BE ALERTED TO ANY WRONG-DOINGS ON THE PART OF A RECIPIENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in 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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
OTHER COMPENSATION	SCHEDULE J, PART I, LINE 1A	BRUCE TRAHAN RECEIVED A HOUSING ALLOWANCE WHICH WAS INCLUDED IN HIS W-2 DR MARK LANEY, BRUCE TRAHAN, DIRCK CLARK, SCOTT KOELLIKER, AND LOWELL KRUSE RECEIVED SOCIAL CLUB MEMBERSHIPS THAT ARE 100% BUSINESS, ANY FACILITY USAGE CHARGES ABOVE THE MEMBERSHIP FEES, PERTAINING TO PERSONAL USE, ARE PAID DIRECTLY TO THE CLUB BY THE EMPLOYEE, THEREFORE THE AMOUNTS WERE NOT INCLUDED IN THEIR W-2
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	VESTED ACCRUED TOTAL FY 06/30/2010 FY 06/30/2010 FY 06/30/2010 ---------- ---------- --------- LOWELL KRUSE - 4,150,000 4,150,000 CURT KRETZINGER 394,028 63,121 457,149 JOHN WILSON 399,338 36,653 435,991 DOUGLAS BRANDT - 18,030 18,030 HELEN THOMPSON 96,324 30,405 126,729 MARK LANEY - 38,322 38,322 DIRCK CLARK 146,358 21,733 168,091 ROBERT PERMUT 134,112 - 134,112 RUDY WACKER 385,827 - 385,827 MICHAEL PULIDO - 10,293 10,293 LISA MICHAELIS 147,002 22,878 169,880 JANE SCHWABE 50,000 - 50,000
COMPENSATION PAID BY HEARTLAND REGIONAL MEDICAL CENTER	SCHEDULE J, PART II	THE COMPENSATION PROVIDED BY HEARTLAND REGIONAL MEDICAL CENTER FOR LOWELL C KRUSE, CURT KRETZINGER, JOHN P WILSON, RUDY WACKER, DIRCK CLARK, HELEN THOMPSON, DR MARK LANEY, DOUGLAS BRANDT, AND KAREN DITTEMORE, IS FOR SERVICES TO ALL HEARTLAND ENTITIES INCLUDED IN THE DEFERRED COMPENSATION ARE EMPLOYER CONTRIBUTIONS INTO QUALIFIED PLANS AND NON-QUALIFIED DEFERRED COMPENSATION PLANS THAT ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE AND SEVERANCE THAT IS PROVIDED WITHIN THE EXECUTIVE'S EMPLOYMENT AGREEMENT THEREFORE, THESE AMOUNTS MAY NEVER BE PAID
COMPENSATION REPORTED IN PRIOR FORM 990	SCHEDULE J, PART II, COLUMN F	COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FOREFEITURE IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS VESTED OR PAID TO THE INDIVIDUAL

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 44-0545289
Name: Heartland Regional Medical Center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LOWELL C KRUSE	(I)	812,004	32,456	1,635	4,150,000	15,845	5,011,940	0
	(II)	0	0	0	0	0	0	0
CURT KRETZINGER	(I)	378,314	101,473	395,320	76,312	7,872	959,291	394,028
	(II)	0	0	0	0	0	0	0
JOHN P WILSON	(I)	339,400	87,834	400,632	48,282	810	876,958	399,338
	(II)	0	0	0	0	0	0	0
DR MARK LANEY	(I)	203,000	3,379	5,455	40,187	6,678	258,699	0
	(II)	0	0	0	0	0	0	0
DR MAUREEN BOYLE	(I)	429,415	8,888	1,674	9,800	15,906	465,683	0
	(II)	0	0	0	0	0	0	0
DR MICHAEL NELLESTEIN	(I)	721,473	8,481	2,376	9,800	17,438	759,568	0
	(II)	0	0	0	0	0	0	0
LISA MICHAELIS	(I)	234,682	60,826	148,245	32,678	12,940	489,371	0
	(II)	0	0	0	0	0	0	0
DOUGLAS BRANDT	(I)	191,363	44,740	1,584	25,118	16,644	279,449	0
	(II)	0	0	0	0	0	0	0
SCOTT KOELLIKER	(I)	142,918	20,383	1,398	5,490	18,799	188,988	0
	(II)	0	0	0	0	0	0	0
MICHAEL PULIDO	(I)	170,502	39,098	1,308	16,412	18,213	245,533	0
	(II)	0	0	0	0	0	0	0
SENATOR CHARLIE SHIELDS	(I)	109,461	32,894	1,305	4,478	16,105	164,243	0
	(II)	0	0	0	0	0	0	0
DIRCK CLARK	(I)	206,604	52,798	147,602	31,533	19,332	457,869	45,555
	(II)	0	0	0	0	0	0	0
HELEN THOMPSON	(I)	217,687	53,092	98,052	40,205	14,570	423,606	96,324
	(II)	0	0	0	0	0	0	0
DR ROBERT PERMUT	(I)	299,062	67,200	135,674	9,800	12,713	524,449	0
	(II)	0	0	0	0	0	0	0
RUDY WACKER	(I)	401,027	13,269	387,265	2,450	5,602	809,613	385,827
	(II)	0	0	0	0	0	0	0
DR MOHAN HINDUPUR	(I)	964,141	25,941	4,698	9,800	12,138	1,016,718	0
	(II)	0	0	0	0	0	0	0
DR ROBERT GRANT	(I)	819,114	24,233	1,674	9,800	22,013	876,834	0
	(II)	0	0	0	0	0	0	0
DR FRANCISCO LAMMOGLIA	(I)	809,710	22,777	2,376	9,800	18,799	863,462	0
	(II)	0	0	0	0	0	0	0
DR JANE SCHWABE	(I)	624,289	58,482	1,944	59,800	22,013	766,528	0
	(II)	0	0	0	0	0	0	0
DR PADMAVATHI VELIGATI	(I)	401,112	8,482	2,168	9,800	0	421,562	0
	(II)	0	0	0	0	0	0	0
DR ED KAMMERER	(I)	217,659	215,962	1,674	9,673	15,656	460,624	0
	(II)	0	0	0	0	0	0	0
CHARISSE SPARKS	(I)	464,887	825,148	1,869	9,800	5,831	1,307,535	0
	(II)	0	0	0	0	0	0	0
BRUCE TRAHAN	(I)	145,584	11,203	9,087	5,669	14,153	185,696	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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	
							Yes	No	Yes	No
A	THE INSDUSTRIAL DEVELEOPMENT AUTHORITY OF ST JOE	43-1203910	79075LAA5	05-17-2003	32,225,000	REFUND THE SERIES 2001(C) BONDS(11		X		X
B	THE INSDUSTRIAL DEVELEOPMENT AUTHORITY OF ST JOE	43-1203910	79075LAB3	02-13-2009	70,000,000	SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	32,225,000	70,000,000			
2	Gross proceeds in reserve funds	1,960,725	0			
3	Proceeds in refunding or defeasance escrows	0	0			
4	Other unspent proceeds	0	38,875,551			
5	Issuance costs from proceeds	260,055	711,303			
6	Working capital expenditures from proceeds	0	0			
7	Capital expenditures from proceeds	0	30,705,854			
8	Year of substantial completion	2003	2013			

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X						
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X			X						
12	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		E	
		Yes	No	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 with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
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	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X						
b	Name of provider	CITIGROUP INC									
c	Term of hedge	35									
4a	Were gross proceeds invested in a 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?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
SEE SCHEDULE O					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	35,459	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MEDICAL EQUIPMENT)	X	1	77,650	FMV
26	Other ▶ (EQUIPMENT)	X	1	11,326	0
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 44-0545289
Name: Heartland Regional Medical Center

efile GRAPHIC print - DO NOT PROCESS | **As Filed Data -** | **DLN: 93493136063711**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE MISSION OF THE HEARTLAND REGIONAL MEDICAL CENTER IS TO ESTABLISH AND OPERATE A DIVERSIFIED HEALTH CARE DELIVERY SYSTEM THAT PROVIDES THE RIGHT CARE, AT THE RIGHT TIME, IN THE RIGHT PLACE, AT THE RIGHT COST WITH OUTCOMES SECOND TO NONE FOR THE PEOPLE LIVING IN NORTHWEST MISSOURI AND ADJACENT AREAS IN KANSAS, IOWA, AND NEBRASKA, REGARDLESS OF ABILITY TO PAY, WHILE ALSO STRIVING TO IMPROVE THE LIVES OF THOSE INDIVIDUALS BY FOCUSING ON PREVENTIVE HEALTH INITIATIVES SUCH AS EDUCATION, WELLNESS PROGRAMS, HEALTH-RELATED ACTIVITIES AND COMMUNITY BENEFIT PROGRAMS

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	HEARTLAND REGIONAL MEDICAL CENTER IS 352-BED MEDICAL SURGICAL HOSPITAL LOCATED IN ST JOSEPH, MISSOURI IT SERVES A COMMUNITY OF 70,000 RESIDENTS BECAUSE ST JOSEPH IS A BORDER TOWN, IT ALSO PROVIDES SERVICES TO THOSE LIVING IN THE ADJACENT STATES OF KANSAS, NEBRASKA AND IOWA THE ECONOMY OF THE REGION IS BASED ON AGRICULTURE, MINOR MANUFACTURING AND SMALL BUSINESS RESULTING IN A PAYOR MIX FOR THE HOSPITAL OF 63% GOVERNMENTAL, 31% COMMERCIAL AND 6% UNINSURED THE HOSPITAL PROVIDES A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING CARDIO-THORACIC, VASCULAR, ORTHOPEDIC AND GENERAL SURGERIES, MENTAL HEALTH SERVICES, ALONG WITH A FULL ARRAY OF DIAGNOSTIC AND THERAPEUTIC SERVICES IT OPERATES A 24-HOUR EMERGENCY ROOM DESIGNATED AS A TRAUMA II CENTER BY THE STATE OF MISSOURI THE HOSPITAL'S OBSTETRICS DEPARTMENT PROVIDES 18 LABOR/DELIVERY/RECOVERY/POST-PARTUM BEDS ALSO DESIGNATED AS A LEVEL II CENTER THE HOSPITAL PROVIDES RADIATION ONCOLOGY SERVICES, HOME HEALTH VISITS AND HOSPICE CARE DURING THE YEAR, 18,260 PATIENTS WERE ADMITTED TO THE HOSPITAL RESULTING IN 78,208 PATIENT DAYS 10,136 SURGERIES WERE PERFORMED, 54,251 PATIENTS WERE SEEN IN THE EMERGENCY ROOM, 210,825 VISITS WERE GENERATED BY OUTPATIENTS THE HOSPITAL EMPLOYS 3,234 PEOPLE AND HAS A TOTAL OF 219 PHYSICIANS CREDENTIALED TO CARE FOR PATIENTS THE EMPLOYED STAFF INCLUDES 126 PHYSICIANS, 8 CONTRACTED PHYSICIANS AND ONE DENTIST WORKING IN 36 CLINICS AND NUMEROUS SATELLITE CLINICS THROUGHOUT THE REGION RESULTING IN APPROXIMATELY 409,000 PATIENTS DURING THE YEAR

Identifier	Return Reference	Explanation
BUSINESS/FAMILY RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	JOHN P WILSON, LOWELL C KRUSE, CURT KRETZINGER, DIRCK CLARK, DOUGLAS BRANDT, DR MARK LANEY, RUDY WACKER, AND DR MARK PERMUT HAVE A BUSINESS RELATIONSHIP THEY ARE EITHER OFFICERS AND/OR DIRECTORS OF MIDWESTERN HEALTH MANAGMENT, INC , COMMUNITY HEALTH PLAN, INC , COMMUNITY HEALTH PLAN INSURANCE COMPANY, HHS PROPERTIES, INC , UPTOWN HOUSING, INC , UPTOWN ST JOSEPH REDEVELOPMENT CORPORATION WHICH ARE RELATED FOR PROFIT CORPORATIONS

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6	HEARTLAND HEALTH, A MISSOURI NONPROFIT CORPORATION, IS THE SOLE MEMBER OF HEARTLAND REGIONAL MEDICAL CENTER HEARTLAND HEALTH HAS THE RIGHT TO ELECT THE BOARD OF TRUSTEES OF HEARTLAND REGIONAL MEDICAL CENTER HEARTLAND HEALTH IS NOT ENTITLED TO RECEIVE A SHARE OF HEARTLAND REGIONAL MEDICAL CENTER'S PROFITS, EXCESS DUES, OR ASSETS UPON DISSOLUTION

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	HEARTLAND HEALTH BEING THE SOLE MEMBER OF HEARTLAND REGIONAL MEDICAL CENTER HAS THE RIGHT TO ELECT ALL THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
GOVERNING BOARD DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 7B	THE CORPORATE BYLAWS OF HEARTLAND REGIONAL MEDICAL CENTER IDENTIFY CERTAIN RIGHTS AND POWERS WHICH ARE RESERVED TO HEARTLAND HEALTH, THE SOLE MEMBER IN EACH INSTANCE, THE RIGHTS AND POWERS RESERVED TO THE SOLE MEMBER MAY BE SUMMARIZED AS FOLLOWS A OVERALL STRATEGIC DIRECTION B ELECTION OF TRUSTEES C APPOINTMENT OF THE CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, AUDITORS, AND LEGAL COUNSEL D ESTABLISHMENT OF BANKING RELATIONSHIPS E MANAGEMENT OF CASH AND OTHER ASSETS F APPROVAL OF CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS G LONG-RANGE PLANNING H ADOPTION OF ANNUAL OPERATING BUDGETS I APPLICATION FOR CERTIFICATES OF NEED

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE CHIEF OPERATING OFFICER, THE TREASURER, THE ASSISTANT TREASURER, AND THE TAX SPECIALIST OF HEARTLAND REGIONAL MEDICAL CENTER REVIEW THE 990 THE 990 IS THEN POSTED TO A WEBSITE FOR ALL VOTING MEMBERS TO ACCESS BEFORE IT IS FILED

Identifier	Return Reference	Explanation
MONITORING OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	UPON AGREEING TO FILL A BOARD POSITION, THE PROSPECTIVE MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST DOCUMENT WHICH DISCLOSES FAMILY AND BUSINESS RELATIONSHIPS THAT COULD BE CONSIDERED IN CONFLICT WITH THEIR POSITION ON THE BOARD IN THIS DOCUMENT, THEY AGREE THAT THEY WILL DISCLOSE ANY ACTIVITIES IN WHICH THEY MAY NOT BE INDEPENDENT IN REGARDS TO A TRANSACTION THIS DOCUMENT IS DISTRIBUTED AND HELD BY LEGAL COUNSEL THE MEMBER ALSO SIGNS HEARTLAND'S CODE OF CONDUCT DOCUMENT IN WHICH THEY AGREE TO ETHICAL BEHAVIOR AND ADHERING TO CONFIDENTIALITY POLICIES THIS DOCUMENT IS HELD BY THE CORPORATE COMPLIANCE OFFICE ANNUALLY, THE CORPORATE COMPLIANCE OFFICER DISTRIBUTES A SURVEY TO EACH BOARD MEMBER TO FACILITATE DISCLOSURE OF ANY REPORTABLE ACTIVITIES DURING THE COURSE OF BOARD MEETINGS, BOARD MEMBERS WILL DISMISS THEMSELVES FROM MEETINGS AND/OR ABSTAIN FROM VOTING DURING DISCUSSIONS OF ISSUES THAT RELATE TO THOSE SPECIFIC MEMBERS OR THE COMPANIES THAT THEY REPRESENT FOR EXAMPLE, PHYSICIAN BOARD MEMBERS ABSTAIN FROM VOTING ON THEIR OWN RE-CREDENTIALING, UNIVERSITY BOARD MEMBERS ARE DISMISSED DURING DISCUSSIONS OF UNIVERSITY-RELATED ACTIVITIES AND LEGAL COUNSEL IS DISMISSED DURING DISCUSSION AND VOTING ON LEGAL COUNSEL REVIEW AND SELECTION ALL DISMISSALS AND ABSTENTIONS ARE RECORDED IN THE MINUTES OF THE BOARD MEETING ANNUALLY, THE OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CODE OF CONDUCT DOCUMENT IN WHICH THEY AGREE TO ETHICAL BEHAVIOUR AND ADHERING TO CONFIDENTIALITY POLICIES THEY ALSO RECIEVE A QUESTIONNAIRE WHICH FACILITATES THE DISCLOSURE OF ANY REPORTABLE ACTIVITIES TO THE CORPORATE COMPLIANCE OFFICER

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINES 15A & 15B	ANNUAL REVIEW--PERFORMED IN 2008 FOR 2009 CALENDAR YEAR AND AGAIN IN 2009 FOR CALENDAR YEAR 2010 MARKET DATA IS PROVIDED BY INTEGRATED HEALTH STRATEGIES (IHS) A COMPENSATION COMMITTEE COMPRISED OF THE HEARTLAND HEALTH BOARD CHAIRMAN, HEARTLAND HEALTH BOARD VICE-CHAIRMAN AND THREE ADDITIONAL HEARTLAND HEALTH BOARD MEMBERS AND OUR LEGAL COUNSEL, AS SCRIBE OVERSEE AN ANNUAL SALARY REVIEW PROCESS FOR OFFICERS, ADMINISTRATORS AND KEY EMPLOYEES FOR EACH POSITION TO BE REVIEWED, THE FULL SCOPE OF DUTIES AND RESPONSIBILITIES, NUMBERS OF STAFF MANAGED, PROCESSES MANAGED, APPROXIMATE REVENUE, EXPENSE, OR CAPITAL DOLLARS MANAGED ARE PROVIDED TO A THIRD PARTY CONSULTANT (FOR THIS PERIOD--IHS) THAT SPECIALIZES IN RESEARCH MARKET SALARY DATA OUR FACILITY SIZE, OUR NOT-FOR-PROFIT STATUS AND THE SCOPE OF EACH JOB POSITION IS COMPARED TO LIKE FACILITIES TO DETERMINE BASE COMPENSATION AND INCENTIVE COMPENSATION FOR EACH POSITION THE DATA GATHERED BY THE MARKET RESEARCH FIRM IS REVIEWED BY THE COMPENSATION COMMITTEE, OUTLIER ISSUES ARE RESOLVED AND BASED UPON PRESENT FINANCIAL INDICATORS, THE COMMITTEE MAKES THEIR DETERMINATION OF COMPENSATION LEVELS FOR THE NEXT PAY YEAR

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
BOND ISSUES	SCHEDULE K, PART I	B (I) FINANCE THE COSTS OF THE CONSTRUCTION AND EQUIPPING OF CERTAIN HEALTHCARE FACILITIES (II)PAY CERTAIN COSTS OF THE ISSUANCE OF THE BONDS

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV	(A) DONNA WILSON (B) DONNA WILSON IS THE YOUTH HEALTH DIRECTOR FOR HEARTLAND REGIONAL MEDICAL CENTER AND IS THE WIFE OF JOHN WILSON, WHO IS THE CHIEF FINANCIAL OFFICER OF HEARTLAND REGIONAL MEDICAL CENTER (C) $ 91,144 (D) SALARY FOR YOUTH HEALTH DIRECTOR SERVICES (E) NO (A) BARBARA THOMPSON (B) BARBARA THOMPSON IS A CLINIC STAFF FOR HEARTLAND REGIONAL MEDICAL CENTER AND IS THE DAUGHTER OF HELEN THOMPSON, WHO IS THE CHIEF INFORMATION OFFICER OF HEARTLAND REGIONAL MEDICAL CENTER (C) $ 30,233 (D) SALARY FOR OCCUPATIONAL THERAPIST SERVICES (E) NO (A) CORINNE KOELLIKER (B) CORINNE KOELLIKER IS A LASER TECHNICIAN FOR HEARTLAND REGIONAL MEDICAL CENTER, AND IS THE SISTER OF SCOTT KOELLIKER, WHO IS A KEY EMPLOYEE OF HEARTLAND REGIONAL MEDICAL CENTER (C) $ 28,366 (D) SALARY FOR LASER TECHNICIAN SERVICES (E) NO (A) JON KOELLIKER (B) JON KOELLIKER IS A TS APPLICATIONS ANALYST FOR HEARTLAN REGIONAL MEDICAL CENTER, AND IS THE BROTHER OF SCOTT KOELLIKER, WHO IS A KEY EMPLOYEE OF HEARTLAND REGIONAL MEDICAL CENTER (C) $ 97,766 (D) SALARY FOR TS APPLICATIONS ANALYST SERVICES (E) NO (A) MARINA KOELLIKER (B) MARINA KOELLIKER IS A REGISTERED NURSE FOR HEARTLAND REGIONAL MEDICAL CENTER, AND IS THE WIFE OF SCOTT KOELLIKER, WHO IS A KEY EMPLOYEE OF HEARTLAND REGIONAL MEDICAL CENTER (C) $ 68,902 (D) SALARY FOR REGISTERED NURSE SERVICES (E) NO (A) MIDWESTERN HEALTH MANAGMENT, INC (B) MIDWESTERN HEALTH MANAGMENT, INC IS A RELATED FOR-PROFIT COMPANY THAT HAS COMMON OFFICERS AND/OR DIRECTORS WITH HEARTLAND REGIONAL MEDICAL CENTER (C) 1 $ 16,029,052 2 $ 1,352,814 3 $ 13,157,059 (D) 1 PERFORMANCE OF SERVICES FOR MIDWESTERN HEALTH MANAGMENT, INC 2 PERFORMANCE OF SERVICES BY MIDWESTERN HEALTH MANAGMENT, INC 3 REIMBURSMENT PAID BY MIDWESTERN HEALTH MANAGMENT, INC FOR EXPENSES (E) NO (A) HHS PROPERTIES, INC (B) HHS PROPERTIES, INC IS A RELATED FOR-PROFIT COMPANY THAT HAS COMMON OFFICERS AND/OR DIRECTORS WITH HEARTLAND REGIONAL MEDICAL CENTER (C) 1 $ 188,197 2 $ 1,557,495 3 $ 679,003 (D) 1 LEASE OF FACILITIES FROM HHS PROPERTIES, INC 2 PERFORMANCE OF SERVICES FOR HHS PROPERTIES, INC 3 REIMBURSMENT PAID BY HHS PROPERTIES, INC FOR EXPENSES (E) NO (A) COMMUNITY HEALTH PLAN INSURANCE COMPANY (B) COMMUNITY HEALTH PLAN INSURANCE COMPANY IS A RELATED FOR-PROFIT COMPANY THAT HAS COMMON OFFICERS AND/OR DIRECTORS WITH HEARTLAND REGIONAL MEDICAL CENTER (C) 1 $ 1,650,742 2 $ 270,000 3 $ 1,545,162 (D) 1 PERFORMANCE OF SERVICES FOR COMMUNITY HEALTH PLAN INSURANCE COMPANY 2 PERFORMANCE OF SERVICES BY COMMUNITY HEALTH PLAN INSURANCE COMPANY 3 REIMBURSMENT PAID BY COMMUNITY HEALTH PLAN INSURANCE COMPANY FOR EXPENSES (E) NO (A) COMMUNITY HEALTH PLAN (B) COMMUNITY HEALTH PLAN IS A RELATED FOR-PROFIT COMPANY THAT HAS COMMON OFFICERS AND/OR DIRECTORS WITH HEARTLAND REGIONAL MEDICAL CENTER (C) 1 $ 139,825 2 $ 8,506,380 3 $ 730,000 4 $ 7,662,313 (D) 1 LEASE OF FACILITES, EQUIP, OR OTHER ASSETS TO COMMUNITY HEALTH PLAN 2 PERFORMANCE OF SERVICES FOR COMMUNITY HEALTH PLAN 3 PERFORMANCE OF SERVICES BY COMMUNITY HEALTH PLAN 4 REIMBURSMENT PAID BY COMMUNITY HEALTH PLAN FOR EXPENSES (E) NO (A) UPTOWN ST JOSEPH REDEVELOPMENT CORPORATION (B) UPTOWN ST JOSEPH REDEVELOPMENT CORPORATION IS A RELATED FOR-PROFIT COMPANY THAT HAS COMMON OFFICERS AND/OR DIRECTORS WITH HEARTLAND REGIONAL MEDICAL CENTER (C) $ 159,587 (D) PERFORMANCE OF SERVICES FOR UPTOWN ST JOSEPH REDEVELOPMENT CORPORATION (E) NO

Identifier	Return Reference	Explanation
COMPENSATION FROM RELATED ORGANIZATIONS	FORM 990, PART VII	HOURS WORKED FOR RELATED ORGANIZATIONS ---------- LOWELL C KRUSE 2 JOHN P WILSON 5 DR MARK LANEY 3 DOUGLAS BRANDT 5 KAREN DITTEMORE 5 CURT KRETZINGER 2 HELEN THOMPSON 1 DIRCK CLARK 1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136063711

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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

(a) Name, address, and EIN 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
HEARTLAND HEALTH 5325 FARAON ST JOSEPH, MO 64506 43-1283316	HEALTHCARE	MO	501(C)(3)	11A	NA
HEARTLAND FOUNDATION 5325 FARAON ST JOSEPH, MO 64506 43-1262768	SUPPORT	MO	501(C)(3)	9	HH
HEARTLAND LONG TERM ACUTE CARE HOSPITAL 5325 FARAON ST JOSEPH, MO 64506 26-1972987	HEALTH`	MO	501(C)(3)	3	HH
LEWIS AND CLARK INFORMATION EXCHANGE 5325 FARAON ST JOSEPH, MO 64506 32-0290671	DATA SHARING	MO	501(C)(3)	9	HH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MIDWESTERN HEALTH MANAGEMENT INC 5325 FARAON ST JOSEPH, MO64506 43-1264358	HEALTHCARE	MO	HH	C CORP	0	0	0 %
COMMUNITY HEALTH PLAN INC 5325 FARAON ST JOSEPH, MO64506 43-1690582	INSURANCE	MO	HH	C CORP	0	0	0 %
COMMUNITY HEALTH PLAN INSURANCE COMPANY 5325 FARAON ST JOSEPH, MO64506 43-1210152	INSURANCE	MO	HH	C CORP	0	0	0 %
HHS PROPERTIES INC 5325 FARAON ST JOSEPH, MO64506 43-1593799	INVESTMENT	MO	HH	C CORP	0	0	0 %
UPTOWN HOUSING INC 5325 FARAON ST JOSEPH, MO64506 26-1416252	REDEVELOPMENT	MO	HH	C CORP	0	0	0 %
UPTOWN ST JOSEPH REDEVELOPMENT CORP 5325 FARAON ST JOSEPH, MO64506 20-1742813	REDEVELOPMENT	MO	HH	C CORP	0	0	0 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 44-0545289
Name: Heartland Regional Medical Center

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	MIDWESTERN HEALTH MANAGEMENT	B	1,500,000
(2)	MIDWESTERN HEALTH MANAGEMENT	E	395,699
(3)	MIDWESTERN HEALTH MANAGEMENT	K	16,029,052
(4)	MIDWESTERN HEALTH MANAGEMENT	L	1,352,814
(5)	MIDWESTERN HEALTH MANAGEMENT	P	13,157,058
(6)	HHS PROPERTIES INC	B	750,000
(7)	HHS PROPERTIES INC	E	11,525
(8)	HHS PROPERTIES INC	J	188,197
(9)	HHS PROPERTIES INC	K	1,557,495
(10)	HHS PROPERTIES INC	P	679,003
(11)	COMMUNITY HEALTH PLAN INSURANCE COMPANY	E	262,464
(12)	COMMUNITY HEALTH PLAN INSURANCE COMPANY	K	1,650,742
(13)	COMMUNITY HEALTH PLAN INSURANCE COMPANY	L	270,000
(14)	COMMUNITY HEALTH PLAN INSURANCE COMPANY	P	1,545,162
(15)	COMMUNITY HEALTH PLAN	E	705,251
(16)	COMMUNITY HEALTH PLAN	I	139,825
(17)	COMMUNITY HEALTH PLAN	K	8,506,380
(18)	COMMUNITY HEALTH PLAN	L	730,000
(19)	COMMUNITY HEALTH PLAN	P	7,662,313
(20)	UPTOWN ST JOSEPH REDEVELOPMENT CORPORATION	K	159,587

Additional Data

Software ID:
Software Version:
EIN: 44-0545289
Name: Heartland Regional Medical Center

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LOWELL C KRUSE PRESIDENT,CEO	73 0	X		X				846,095	0	4,165,845
DR MARK LANEY PRESIDENT,CEO	72 0	X		X				211,834	0	46,865
DR MAUREEN BOYLE DIRECTOR, STAFF PHYSICIAN	60 0	X						439,977	0	25,706
DR MICHAEL NELLESTEIN DIRECTOR, STAFF PHYSICIAN	40 0	X						732,330	0	27,238
KAREN BAKER DIRECTOR	1 0	X						0	0	0
JOHN JARRETT DIRECTOR	1 0	X						0	0	0
DAVE HOWERY DIRECTOR	1 0	X						0	0	0
STEVE SCHRAM DIRECTOR	1 0	X						0	0	0
JAMES GRAVES DIRECTOR	1 0	X						0	0	0
ANDREW MCCREA DIRECTOR	1 0	X						0	0	0
DAN HEGEMAN DIRECTOR	1 0	X						0	0	0
DR DENNIS DOBYAN DIRECTOR	1 0	X						0	0	0
BRIAN BRADLEY DIRECTOR	1 0	X						0	0	0
CURT KRETZINGER CHIEF OPERATING OFFICER	73 0			X				875,107	0	84,184
JOHN P WILSON SECRETARY/TREASURER, CFO	70 0			X				827,866	0	49,092
DOUGLAS BRANDT OFFICER, CONTROLLER	70 0			X				237,687	0	41,762
MICHAEL PULIDO CHIEF HUMAN RESOURCES OFFICER	75 0			X				210,908	0	34,625
SENATOR CHARLIE SHIELDS CHIEF MARKETING/COMMUNICATIONS	75 0			X				143,660	0	20,583
DIRCK CLARK CHIEF BUS DEVELOPMENT OFFICER	74 0			X				407,004	0	50,865
HELEN THOMPSON CHIEF INFORMATION OFFICER	75 0			X				368,831	0	54,775
DR ROBERT PERMUT CHIEF MEDICAL OFFICER	75 0			X				501,936	0	22,513
RUDY WACKER CHIEF ADMINISTRATIVE OFFICER	75 0			X				801,561	0	8,052
LYNN THUENTE COMPLIANCE OFFICER	75 0			X				106,897	0	10,181
KAREN DITTEMORE ASSISTANT SECRETARY	70 0			X				57,635	0	14,552
LISA MICHAELIS ADMINISTRATOR	75 0				X			443,753	0	45,618

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SCOTT KOELLIKER ADMINISTRATOR	75 0				X			164,699	0	24,289
BRUCE TRAHAN ADMINISTRATOR	75 0				X			165,874	0	19,822
DR MOHAN HINDUPUR STAFF PHYSICIAN	60 0					X		994,780	0	21,938
DR ROBERT GRANT STAFF PHYSICIAN	60 0					X		845,021	0	31,813
DR FRANCISCO LAMMOGLIA STAFF PHYSICIAN	60 0					X		834,863	0	28,599
DR JANE SCHWABE STAFF PHYSICIAN	40 0					X		684,715	0	81,813
CHARISSE SPARKS STAFF PHYSICIAN	60 0					X		1,291,904	0	15,631
DR PADMAVATHI VELIGATI FORMER DIRECTOR, STAFF PHYSICI	60 0						X	411,762	0	9,800
DR ED KAMMERER FORMER DIRECTOR, STAFF PHYSICI	60 0						X	435,295	0	25,329

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
REPAIRS AND MAINTENANCE	12,111,873	11,238,376	873,497	
PROVISION FOR UNCOLLECTIBLE	33,546,467	33,298,406	248,061	
PURCHASED SERVICES	13,868,743	12,127,679	1,741,064	
FRA TAX	23,879,375	23,879,375		
MEMBERSHIPS & DUES	633,784	351,571	282,213	