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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

C Name of organization
Missouri Delta Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1008 NORTH MAIN STREET

Room/suite

City or town, state or country, and ZIP + 4
SIKESTON, MO 638015044

D Employer identification number
43-0633449

E Telephone number
(573)471-1600

G Gross receipts $ 93,473,088

F Name and address of principal officer
JASON SCHRUMPF
1008 NORTH MAIN STREET
SIKESTON,MO 638015044

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MISSOURIDELTA COM

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

L Year of formation 1948

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MISSOURI DELTA MEDICAL CENTER IS A NOT FOR PROFIT CORPORATION WHICH WILL STRIVE TO PROVIDE A COMPLETE HEALTH CARE SYSTEM TO RESIDENTS IN THE SERVICE AREA EITHER DIRECTLY OR IN COOPERATION WITH OTHERS

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**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	949
6	Total number of volunteers (estimate if necessary)	**6**	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-26,028
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-26,028

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	271,586	851,778
9	Program service revenue (Part VIII, line 2g)	84,760,472	88,822,984
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	814,537	3,077,679
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	579,833	548,652
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,426,428	93,301,093
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	50,675	92,500
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)	46,280,723	48,648,740
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,110		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	40,251,915	44,458,716
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	86,583,313	93,199,956
19	Revenue less expenses Subtract line 18 from line 12	-156,885	101,137

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	58,469,300	60,044,388
21	Total liabilities (Part X, line 26)	17,123,348	18,252,743
22	Net assets or fund balances Subtract line 21 from line 20	41,345,952	41,791,645

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

****** 2012-08-09
Signature of officer Date

JON BRANSTETTER VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ BKD LLP — Firm's EIN ▶

Firm's address ▶ 211 N BROADWAY SUITE 600
ST LOUIS, MO 631022733 — Phone no ▶ (314) 231-5544

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

MISSOURI DELTA MEDICAL CENTER IS A NOT FOR PROFIT CORPORATION WHICH WILL STRIVE TO PROVIDE A COMPLETE HEALTH CARE SYSTEM TO RESIDENTS IN THE SERVICE AREA EITHER DIRECTLY OR IN COOPERATION WITH OTHERS REFERRAL AGREEMENTS WILL BE SOUGHT FOR SERVICES NOT OFFERED LOCALLY THE HOSPITAL WILL ALSO ACTIVELY OFFER OR SUPPORT APPROPRIATE PROGRAMS TO PROMOTE THE GENERAL HEALTH, AND TO MEET THE REHABILITATION, EDUCATIONAL AND SOCIAL NEEDS OF OUR SERVICE AREA SERVICES WILL BE PROVIDED TO ALL RESIDENTS OF OUR SERVICE AREA REGARDLESS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, OR DISABILITY

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 $ 86,928,929 including grants of $ 92,500) (Revenue $ 88,822,984)

MISSOURI DELTA MEDICAL CENTER PROVIDES QUALITY MEDICAL CARE TO THE RESIDENTS OF ITS COMMUNITY REGARDLESS OF ABILITY TO PAY MISSOURI DELTA MEDICAL CENTER ALSO PROVIDES SHORT TERM REHABILITATION SERVICES THROUGH AN ACUTE INPATIENT REHABILITATION UNIT AND PSYCHIATRIC SERVICES THROUGH A GERIATRIC PSYCHIATRIC FACILITY THESE SERVICES ARE SUMMARIZED AS FOLLOWS HOSPITAL NUMBER OF HOSPITAL PATIENT DAYS 23,962 NUMBER OF INPATIENT ADMISSIONS 5,381 NUMBER OF OUTPATIENT VISITS 132,002 ACUTE INPATIENT REHAB NUMBER OF INPATIENT REHAB PATIENT DAYS 1,435 NUMBER OF INPATIENT REHAB PATIENT ADMISSIONS 117 PSYCHIATRIC FACILITY NUMBER OF PATIENT DAYS 3,338 NUMBER OF PATIENT ADMISSIONS 342 THE HOSPITAL PROVIDED FREE CARE TO INDIGENT PATIENTS IN THE AMOUNT OF $10,419,676 IN FY 2011, VALUED AT BILLED CHARGES THE HOSPITAL ALSO PROVIDED NUMEROUS FREE PROGRAMS AND REDUCED PRICE SERVICES THROUGH THE YEAR THAT THE HOSPITAL BELIEVES SERVES A COMMUNITY NEED SERVICES PROVIDED FREE OF CHARGE OR BELOW COST TO THE GENERAL PUBLIC INCLUDE 1 PERIODIC BLOOD PRESSURE AND CHOLESTEROL SCREENS 2 OUTPATIENT DIABETIC EDUCATION 3 FIRST AID CLASSES 4 CPR COURSES 5 CHILDBIRTH CLASSES 6 EMERGENCY PREPAREDNESS COURSES 7 HEALTH EDUCATION ARTICLES IN THE LOCAL NEWSPAPER 8 OTHER HEALTH EDUCATION CLASSES

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** ▶ $ 86,928,929

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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**		No
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**	Yes	
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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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**	Yes	
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**	Yes	
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	75		
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	949		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds 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				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ▶

JON BRANSTETTER
1008 NORTH MAIN STREET
SIKESTON,MO 638015044
(573)471-1600

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,907,014	0	98,824

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 ▶ 42

			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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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 or individual 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
HORIZON HEALTH MENTAL HEALTH PO BOX 840839 DALLAS, TX 752840839	PSYCHIATRIC SERVICES	939,791
KIEFNER BROTHERS INC 1459 NORTH KINGSHIGHWAY CAPE GIRARDEAU, MO 637012188	CONSTRUCTION	919,777
BOARD OF MUNICIPAL SERVICES INC PO BOX 370 SIKESTON, MO 63801	UTILITIES	508,489
MAYO COLLABORATIVE SERVICES INC PO BOX 9146 MINNEAPOLIS, MN 554809146	LABORATORY SERVICES	489,450
SHARED MEDICAL SERVICES INC PO BOX 330 COTTAGE GROVE, WI 535270330	MRI SERVICES	529,100
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 ▶ 26		

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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d	496,780			
	e Government grants (contributions)	1e	350,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,998			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		851,778			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	621110	88,822,984	88,822,984		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		88,822,984			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		694,151			694,151
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	14,400				
	b Less rental expenses	42,668				
	c Rental income or (loss)	-28,268				
	d Net rental income or (loss) . . . . . ▶		-28,268		-26,028	-2,240
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		2,512,855			
	b Less cost or other basis and sales expenses		129,327			
	c Gain or (loss)		2,383,528			
	d Net gain or (loss) . . . . . ▶		2,383,528			2,383,528
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 INCOME	722210	367,705			367,705
	b MEDICAL RECORD REVENUE	621990	91,456			91,456
	c MISCELLANEOUS REVENUE	900099	90,177			90,177
	d All other revenue		27,582			27,582
	e **Total.** Add lines 11a–11d . . . . . ▶		576,920			
	12 **Total revenue.** See Instructions . . . ▶		93,301,093	88,822,984	-26,028	3,652,359

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	92,500	92,500		
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	618,426		618,426	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	37,186,042	35,155,148	1,956,234	74,660
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	572,876	541,589	30,137	1,150
9	Other employee benefits	7,805,020	7,378,754	410,596	15,670
10	Payroll taxes	2,466,376	2,331,676	129,748	4,952
a	Fees for services (non-employees) Management	0			
b	Legal	51,495		51,495	
c	Accounting	127,070		127,070	
d	Lobbying	0			
e	Professional fundraising services *See Part IV, line 17*	0			
f	Investment management fees	0			
g	Other	6,603,459	5,962,930	635,114	5,415
12	Advertising and promotion	198,831	2,846	195,985	
13	Office expenses	18,886,698	18,224,097	652,553	10,048
14	Information technology	292,802		292,802	
15	Royalties	0			
16	Occupancy	904,783	707,162	197,621	
17	Travel	126,730	121,463	5,252	15
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	61,230	52,425	8,805	
20	Interest	642,022	642,022		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,649,975	2,852,755	797,220	
23	Insurance	1,282,649	1,282,649		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	11,249,882	11,249,882		
b	DUES & SUBSCRIPTIONS	152,943	102,884	49,859	200
c	RECRUITING	153,051	153,051		
d	FARM EXPENSE	75,096	75,096		
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	93,199,956	86,928,929	6,158,917	112,110
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		12,124,737	1	8,371,361
	2	Savings and temporary cash investments		219,883	2	700,189
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		11,066,836	4	10,433,531
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		1,174,516	7	1,256,191
	8	Inventories for sale or use		2,711,424	8	3,178,697
	9	Prepaid expenses and deferred charges		1,052,705	9	1,391,804
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 76,031,470			
	b	Less accumulated depreciation	10b 42,341,769	29,268,889	10c	33,689,701
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		850,310	15	1,022,914
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		58,469,300	16	60,044,388
Liabilities	17	Accounts payable and accrued expenses		6,185,555	17	7,910,485
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		4,251,610	20	3,440,698
	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		6,686,183	23	6,901,560
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		17,123,348	26	18,252,743
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		41,131,005	27	41,576,698
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		214,947	29	214,947
		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		41,345,952	33	41,791,645
	34	Total liabilities and net assets/fund balances		58,469,300	34	60,044,388

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	93,301,093
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,199,956
3	Revenue less expenses Subtract line 2 from line 1	3	101,137
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	41,345,952
5	Other changes in net assets or fund balances (explain in Schedule O)	5	344,556
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	41,791,645

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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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

2010

Open to Public Inspection

Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

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

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

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

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

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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 43-0633449
Name: Missouri Delta 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			
JIM CULLISON DIRECTOR	10	X						0	0	0
BRIAN MENZ CHAIRMAN	10	X		X				0	0	0
DIANE PETERSEN VICE CHAIRMAN	10	X		X				0	0	0
RIYADH TELLOW MD DIRECTOR	10	X						0	0	0
LINDA BOYD DIRECTOR	10	X						0	0	0
ROBERT BUCHANAN DIRECTOR	10	X						0	0	0
JOHN BOLLINGER DIRECTOR	10	X						0	0	0
KEITH DAVIDSON DIRECTOR	10	X						0	0	0
EDWARD DEMENT DIRECTOR	10	X						0	0	0
JON GILMORE DIRECTOR	10	X						0	0	0
KEN HOLLOWELL DIRECTOR	10	X						0	0	0
DAN JENNINGS JR TREASURER	10	X		X				0	0	0
ELIZABETH JOHNSON DIRECTOR	10	X						0	0	0
LINZA KILLION MD DIRECTOR	10	X						0	0	0
JEFF HUX DIRECTOR	10	X						0	0	0
ROBERT MACGILLIVRAY SECRETARY	10	X		X				0	0	0
SCOTT MATTHEWS DIRECTOR	10	X						0	0	0
BRITT MCCONNELL DIRECTOR	10	X						0	0	0
ROBERT MITCHELL DIRECTOR	10	X						0	0	0
MIKE MOLL DIRECTOR	10	X						0	0	0
CHRISTINE MONTGOMERY DIRECTOR	10	X						0	0	0
CHARLES MOXLEY DIRECTOR	10	X						0	0	0
MIKE POBST DIRECTOR	10	X						0	0	0
GERALD SETTLES DIRECTOR	10	X						0	0	0
STEVE SIKES DIRECTOR	10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
RON WATKINS DIRECTOR	1 0	X						0	0	0
CHARLES ANCELL FORMER PRESIDENT	40 0			X				281,952	0	11,701
JON BRANSTETTER VICE PRESIDENT FINANCE	40 0			X				139,265	0	6,953
JASON SCHRUMPF PRESIDENT	40 0			X				165,640	0	12,915
MOWAFFAQ SAID MD PHYSICIAN	40 0					X		648,284	0	15,223
LY T PHAN MD PHYSICIAN	40 0					X		415,169	0	14,546
MUHAMMAD A SALMANULLAH MD PHYSICIAN	40 0					X		415,450	0	14,864
MUHAMMAD NASEERUDDIN MD PHYSICIAN	40 0					X		470,612	0	15,223
MURTAZA HAYAT MD PHYSICIAN	40 0					X		370,642	0	7,399

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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

2010

Open to Public Inspection

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

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

If the organization answered "Yes," 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
Missouri Delta Medical Center	43-0633449

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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		5,621
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			5,621
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

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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

2010

Open to Public Inspection

Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

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	219,883	3,322,552	7,388,571		
b Contributions		2,500	146,208		
c Investment earnings or losses	-3,185	73,935	287,786		
d Grants or scholarships			42,482		
e Other expenditures for facilities and programs	10,957	3,179,104	4,457,531		
f Administrative expenses					
g End of year balance	205,741	219,883	3,322,552		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No
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	3,061,774	618,603		3,680,377
b Buildings		31,932,516	13,157,503	18,775,013
c Leasehold improvements				
d Equipment		39,077,744	28,129,473	10,948,271
e Other		1,340,833	1,054,793	286,040
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				33,689,701

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
(1) Financial derivatives		
(2) 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	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) 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 (ASC740)

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
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE RESTRICTED BY DONORS AND SET ASIDE BY THE BOARD OF DIRECTORS FOR FUTURE CAPITAL IMPROVEMENTS OVER WHICH THE BOARD RETAINS CONTROL AND MAY AT ITS DISCRETION SUBSEQUENTLY USE FOR OTHER PURPOSES
FIN 48 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

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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

2010

Open to Public Inspection

Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG 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 180. %	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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			2,944,775	0	2,944,775	3 590 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			20,021,121	18,214,905	1,806,216	2 200 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			22,965,896	18,214,905	4,750,991	5 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			25,035	0	25,035	0 %
f Health professions education (from Worksheet 5)			95,610	0	95,610	0 120 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			5,000	0	5,000	0 010 %
j **Total** Other Benefits			125,645	0	125,645	0 130 %
k **Total.** Add lines 7d and 7j			23,091,541	18,214,905	4,876,636	5 920 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,185,877		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	371,336		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	34,093,950
6	Enter Medicare allowable costs of care relating to payments on line 5	6	36,562,757
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-2,468,807
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	
b	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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	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)
1	MISSOURI DELTA MEDICAL CENTER 1008 NORTH MAIN STREET SIKESTON, MO 63801	X	X					X		

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **12**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT PERCENTAGE OF TOTAL COST	PART I, LINE 7, COLUMN F	THE ORGANIZATION HAD BAD DEBT EXPENSE IN THE AMOUNT OF $11,249,882 REPORTED ON FORM 990, PART IX, LINE 25, HOWEVER, THIS EXPENSE HAS BEEN SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT COST	PART I, LINE 7	THE COSTS REPORTED IN THE TABLE IN PART I, LINE 7 USED A RATIO OF PATIENT CARE COSTS TO CHARGES AS COMPUTED IN WORKSHEET 2 OF THE FORM INSTRUCTIONS THIS METHODOLOGY WAS USED FOR ALL PATIENT SEGMENTS

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	PART III, LINE 4	THE CENTER REPORTS PATIENT ACCOUNTS RECEIVABLE FOR SERVICES RENDERED AT NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYERS, PATIENTS, AND OTHERS THE 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 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 DELIQUENT AND SUBSEQUENTLY WRITTEN OFF AS BAD DEBTS BASED ON INDIVIDUAL CREDIT EVALUATION AND SPECIFIC CIRCUMSTANCES OF THE ACCOUNT COSTING METHODOLOGY USED TO DETERMINE AMOUNTS REPORTED AS BAD DEBTS AND BAD DEBT ATTRIBUTABLE TO PATIENTS UNDER CHARITY CARE POLICY IS ESTIMATED USING THE PERCENT OF OPERATING EXPENSE TO PATIENT REVENUE IT IS DIFFICULT TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS WHO COULD QUALIFY FOR CHARITY CARE DUE TO THE LIMITED NUMBER OF FINANCIAL APPLICATIONS COMPLETED BY PATIENTS

Identifier	ReturnReference	Explanation
MEDICARE	PART III, LINE 8	IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY THIS IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY BENEFIT THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 IS ESTIMATED BY USING THE PERCENT OF OPERATING EXPENSE TO PATIENT REVENUE

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES	PART III, LINE 9	THE BAD DEBT POLICY STATES THAT IF IT IS DECIDED THAT A PATIENT IS INDIGENT, PROCEED AS FOLLOWS A COMPLETE ACCOUNT ADJUSTMENT FORMS FOLLOWING ACCOUNT ADJUSTMENT PROCEDURES OR NOTE THE BALANCE WILL BE WRITTEN OFF AS CHARITY ACCORDING TO THE CHARITY CARE POLICY B ENTER THE FOLLOWING NOTATIONS ON THE COPY OF THE PATIENT ACCOUNTS ADMISSION REGISTRATION FORMS OR IN ACCOUNTS RECEIVABLE NOTES IN THE COMPUTER "CHARGES DUE BY PATIENT WILL BE WRITTEN OFF AS MEDICARE BAD DEBT OR UNCOMPENSATED CARE "

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	THE DETERMINATION OF CURRENT AND FUTURE HEALTH CARE NEEDS OF THE COMMUNITY OR COMMUNITIES SERVED BY MISSOURI DELTA MEDICAL CENTER IS BASED ON ALL OR A COMBINATION OF THE FOLLOWING FACTORS EXISTENCE OR NONEXISTENCE OF SERVICES, OPPORTUNITY, SUPPLY, DEMONSTRATED NEED, VOICE OF THE CUSTOMER, AND/OR COLLABORATIVE EFFORTS WITH OUTSIDE ENTITIES, GOVERNMENT AGENCIES, AND OTHER HEALTH CARE PROVIDERS THAT WOULD ENABLE THE FILLING OF A NEED OR ENHANCE AND COMPLIMENT AN ALREADY EXISTING SERVICE DATA IS GATHERED CONSTANTLY THROUGH HIDI, BENCHMARKING, MARKET RESEARCH, CUSTOMER SURVEYS, PHYSICIAN INPUT (REGARDING TECHNOLOGIES REQUIRED TO KEEP SERVICES ON THE CUTTING EDGE), AND THROUGH CONSTANT MONITORING OF STATE AND FEDERAL GUIDELINES THIS INFORMATION IS REVIEWED AND ANALYZED BY THE HOSPITAL'S ADMINISTRATIVE TEAM AND INCORPORATED INTO THE HOSPITAL'S STRATEGIC PLANNING PROCESS THROUGH THE PLANNING COMMITTEE OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, LINE 3	ALL PATIENT BILLING STATEMENTS FOR MISSOURI DELTA MEDICAL CENTER INCLUDE A STATEMENT THAT THE PATIENT MAY CONTACT THE MEDICAL CENTER WITH ANY QUESTIONS OR PAYMENT ISSUES REGARDING THEIR BILL IF A PATIENT CONTACTS THE CENTER WITH AN INABILITY TO MAKE PAYMENT ISSUE, THEY INFORM THE PATIENT OF THE AVAILABLE OPTION INCLUDING CHARITY CARE AND OTHER ASSISTANCE THEY ALSO EXPLAIN HOW THE PATIENT CAN APPLY FOR ASSISTANCE OUR SOCIAL WORKERS WILL ALSO COMMUNICATE WITH THOSE PATIENTS WHO MAY QUALIFY FOR MEDICAID AND ASSIST THOSE PATIENTS IN COMPLETING THEIR MEDICAID APPLICATIONS

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, LINE 4	MISSOURI DELTA MEDICAL CENTER IS A SOLE COMMUNITY HOSPITAL IN SIKESTON, MISSOURI THAT PRIMARILY SERVES THE RESIDENTS OF SCOTT, MISSISSIPPI, STODDARD, AND NEW MADRID COUNTIES IN SOUTHEASTERN MISSOURI MISSOURI DELTA MEDICAL CENTER SERVES PATIENTS WITHOUT REGARD TO AGE, GENDER, INCOME, ETHNIC ORIGIN, INSURANCE COVERAGE, OR ABILITY TO PAY APPROXIMATELY 59% OF THE MISSOURI DELTA MEDICAL CENTER'S NET PATIENT SERVICE REVENUE IS FROM PARTICIPATION IN THE MEDICARE AND STATE SPONSORED MEDICAID PROGRAM FOR THE YEAR ENDED SEPTEMBER 30, 2011

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART VI, LINE 5	OUR BOARD OF DIRECTORS IS MADE UP OF 26 COMMUNITY MEMBERS FROM OUR SERVICE AREAS THESE BOARD MEMBERS HAVE REGULAR INPUT ON STRATEGIC PLANNING, NEW SERVICES, TECHNOLOGY, AND PHYSICIAN RECRUITMENT FOR OUR COMMUNITY THE USE OF ANY SURPLUS FUNDS IS REINVESTED BACK INTO THE MEDICAL CENTER THROUGH THE PURCHASE OF PROPERTY AND EQUIPMENT TO PROVIDE SERVICES THAT FULFILL THE NEEDS OF THE SERVICE AREA

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, LINE 6	NOT APPLICABLE

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, LINE 7	NOT APPLICABLE

Additional Data

Software ID:
Software Version:
EIN: 43-0633449
Name: Missouri Delta Medical Center

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **12** Name and address	Type of Facility (Describe)
CONTINU-CARE HOME HEALTH 104 SMITH STREET SIKESTON,MO 63801	HOME HEALTH AGENCY
CHARLESTON COMMUNITY CARE CENTER 1200 EAST MARSHALL STREET SIKESTON,MO 63834	RURAL HEALTH CLINIC
RESTART OF CHARLESTON 512 EAST MARSHALL STREET SIKESTON,MO 63834	PHYSICAL THERAPY
RESTART OF NEW MADRID 406 HIGHWAY 61 NEW MADRID,MO 63869	PHYSICAL THERAPY
RESTART OF EAST PRAIRIE 106 SOUTH WASHINGTON EAST PRAIRIE,MO 63845	PHYSICAL THERAPY
BARTON-JOLLEY PHYSICIAN SVCS BUILDING 1013 NORTH MAIN STREET SIKESTON,MO 63801	PHYSICIAN OFFICE BUILDING
MUHANNAD AL-KILANI MD 1118 NORTH MAIN STREEET SIKESTON,MO 63801	PHYSICIAN OFFICE BUILDING
MISSOURI DELTA CANCER & INFUSION CENTER 1126 NORTH MAIN STREET SIKESTON,MO 63801	INFUSION CENTER
KENNETH STONE MD 121 SMITH STREET SIKESTON,MO 63801	PHYSICIAN OFFICE BUILDING
SMITH STREET CLINIC 119 SMITH STREET SIKESTON,MO 63801	RURAL HEALTH CLINIC
JAYCEE RENAL DIALYSIS CENTER 135 PLAZA DRIVE SIKESTON,MO 63801	DIALYSIS CENTER
LINZA KILLION MD 1106 NORTH MAIN STREET SIKESTON,MO 63801	PHYSICIAN OFFICE BUILDING

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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

2010

Open to Public Inspection

Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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

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

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

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
(1) MEDICAL STUDENT SCHOLARSHIPS	13	92,500			

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
PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES	SCHEDULE I, PART I, LINE 2	THE SCHOLARSHIP PROGRAM IS DESIGNED TO PROVIDE A CONSISTENT FLOW OF REGISTERED NURSES TO MISSOURI DELTA MEDICAL CENTER THE OBJECTIVE OF THE PLAN IS TO ENCOURAGE AND FINANCIALLY ASSIST QUALIFIED STUDENTS IN THEIR ENDEAVOR TO BECOME A REGISTERED NURSE TO THE EXTENT OF AVAILABLE FUNDS, THE MEDICAL CENTER WILL PAY SCHOLARSHIPS TO QUALIFIED STUDENTS OF AN ACCREDITED REGISTERED NURSE PROGRAM TO QUALIFY FOR THE PROGRAM A STUDENT MUST A HIGH SCHOOL GRADUATE 1 RANK IN THE UPPER THIRD OF HIGH SCHOOL CLASS ACADEMICALLY 2 SHOW EVIDENCE OF MOTIVATION FOR NURSING EITHER BY APTITUDE TESTING OR BY REPORTED DEMONSTRATION OF INTEREST 3 PROVIDE LETTER OF RECOMMENDATION FROM AN APPROPRIATE SCHOOL OFFICIAL 4 BE APPROVED BY THE HOSPITAL SCHOLARSHIP SELECTION COMMITTEE B STUDENT NURSES - ALL STUDENT NURSES MUST 1 HAVE AT LEAST THE EQUIVALENT OF A 2 5 GRADE POINT AVERAGE IN A 4 POINT SYSTEM 2 MUST PROVIDE A LETTER OF RECOMMENDATION FROM RESPONSIBLE AND APPROPRIATE PERSON 3 BE APPROVED BY THE SCHOLARSHIP COMMITTEE C CURRENT EMPLOYEES - ALL CURRENT EMPLOYEES MUST 1 BE ENROLLED IN A NURSING PROGRAM AS A FULL-TIME STUDENT 2 NOT BE RECEIVING ANY HOSPITAL BENEFITS 3 BE APPROVED BY THE SCHOLARSHIP COMMITTEE

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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.

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2010

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Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

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**		
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**		
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 from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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 duplicate copies if additional space is 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				
(1) CHARLES ANCELL	(i)	181,556	0	100,396	6,033	5,668	293,653	0
	(ii)	0	0	0	0	0	0	0
(2) MOWAFFAQ SAID MD	(i)	575,565	72,305	414	7,350	7,873	663,507	0
	(ii)	0	0	0	0	0	0	0
(3) LY T PHAN MD	(i)	359,489	25,500	30,180	7,350	7,196	429,715	0
	(ii)	0	0	0	0	0	0	0
(4) MUHAMMAD A SALMANULLAH MD	(i)	225,258	190,030	162	7,350	7,514	430,314	0
	(ii)	0	0	0	0	0	0	0
(5) MUHAMMAD NASEERUDDIN MD	(i)	239,909	230,433	270	7,350	7,873	485,835	0
	(ii)	0	0	0	0	0	0	0
(6) MURTAZA HAYAT MD	(i)	219,592	150,888	162	0	7,399	378,041	0
	(ii)	0	0	0	0	0	0	0
(7) JASON SCHRUMPF	(i)	165,586	0	54	4,656	8,259	178,555	0
	(ii)	0	0	0	0	0	0	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A	CHARLES ANCELL RECEIVED A PAYMENT IN THE AMOUNT OF $100,000 UPON HIS RETIREMENT FROM MISSOURI DELTA MEDICAL CENTER IN DECEMBER 2010 THIS PAYMENT WAS INCLUDED IN HIS TAXABLE COMPENSATION

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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.

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Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

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
(1) ELIZABETH KILLION	DAUGHTER OF DIRECTOR	5,500

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
BUSINESS TRANSACTION WITH INTERESTED PERSONS	SCHEDULE L, PART IV	MISSOURI DELTA MEDICAL CENTER PURCHASED 100% OF A CORPORATION'S STOCK OWNED BY DR LINZA KILLION AT THE TIME OF THE TRANSACTION (JUNE 30, 2011), DR KILLION HAD RESIGNED FROM THE BOARD OF DIRECTORS

Additional Data

Software ID:
Software Version:
EIN: 43-0633449
Name: Missouri Delta Medical Center

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JASON SCHRUMPF	SON-IN-LAW OF DIRECTOR	165,640	EMPLOYEE COMPENSATION		No
CATHERINE SCHRUMPF	DAUGHTER OF DIRECTOR	39,777	EMPLOYEE COMPENSATION		No
CATHERINE SCHRUMPF	SPOUSE OF PRESIDENT	39,777	EMPLOYEE COMPENSATION		No
JAMES HENSON	SON-IN-LAW OF DIRECTOR	109,201	EMPLOYEE COMPENSATION		No
BROOKE BUCHANAN	DAUGHTER-IN-LAW OF DIR	22,787	EMPLOYEE COMPENSATION		No
ROBERT BUCHANAN	SON OF DIRECTOR	43,848	EMPLOYEE COMPENSATION		No
RHONDA MENZ	WIFE OF CHAIRMAN	26,200	EMPLOYEE COMPENSATION		No
JUDITH MENZ	MOTHER OF CHAIRMAN	91,736	EMPLOYEE COMPENSATION		No
SUSAN WATKINS	WIFE OF DIRECTOR	12,060	EMPLOYEE COMPENSATION		No
DR LINZA KILLION	DIRECTOR	115,000	SEE PART V		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

Identifier	Return Reference	Explanation
OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE RELATIONSHIPS	FORM 990, PART VI, LINE 2	ROBERT MITCHELL AND ELIZABETH JOHNSON HAVE A FAMILY RELATIONSHIP LINDA BOYD AND JOHN BOLLINGER HAVE A FAMILY RELATIONSHIP DAN JENNINGS JR AND JOHN BOLLINGER HAVE A BUSINESS RELATIONSHIP BRITT MCCONNELL, ROBERT MACGILLIVRAY, AND KEITH DAVIDSON HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
PROCESS TO REVIEW FORM 990	FORM 990, PART VI, LINE 11B	BEFORE THE FORM 990 IS FILED, THE VICE-PRESIDENT OF FINANCE OF THE ORGANIZATION REVIEWS THE FORM 990, WHICH IS PREPARED BY AN OUTSIDE TAX PREPARER THE FINANCE COMMITTEE OF MISSOURI DELTA MEDICAL CENTER WILL ALSO PERFORM A REVIEW OF THE FORM 990 AFTER THE FORM HAS BEEN FILED IN ADDITION, COPIES OF THE FORM 990 WILL BE AVAILABLE TO THE MISSOURI DELTA MEDICAL CENTER'S BOARD OF DIRECTORS AFTER THE ORGANIZATION'S FORM 990 HAS BEEN FILED

Identifier	Return Reference	Explanation
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AS FOLLOWS MEMBERS OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICERS, AND MEMBERS OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS HAVE AN OBLIGATION TO MAKE DECISIONS AND TO PERFORM THEIR DUTIES FOR THE SOLE BENEFIT OF THE HOSPITAL ALL PERSONS SERVING IN SUCH CAPACITY SHOULD AVOID PLACING HIMSELF/HERSELF IN A POSITION WHERE PERSONAL INTERESTS ARE IN CONFLICT WITH THE INTERESTS OF THE HOSPITAL THE FOLLOWING DEFINITIONS SHALL APPLY TO THIS POLICY 1 AN "INTERESTED PERSON" IS A MEMBER OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICER OR MEMBER OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS, 2 A PERSON HAS A "FINANCIAL INTEREST" IF THE PERSON HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT OR FAMILY A A PRESENT OR POTENTIAL OWNERSHIP, INVESTMENT, INTEREST, OR COMPENSATION ARRANGEMENT IN ANY ENTITY WITH WHICH THE HOSPITAL HAS OR MAY HAVE A TRANSACTION OR ARRANGEMENT, B A COMPENSATION ARRANGEMENT WITH THE HOSPITAL OR ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT COMPENSATION INCLUDES ANY REMUNERATION, DIRECTLY OR INDIRECTLY, AND GIFTS OF FAVORS, WHICH ARE SUBSTANTIAL IN NATURE, 3 AN "AFFILIATED ORGANIZATION" INCLUDES ANY ORGANIZATION OR ENTITY OWNED OR OPERATED BY THE HOSPITAL OR IN WHICH THE HOSPITAL HAS A DIRECT FINANCIAL INTEREST, ANY "INTERESTED PERSON" MUST DISCLOSE TO THE HOSPITAL AND ANY AFFILIATED ORGANIZATION ALL FINANCIAL INTERESTS AND ALL MATERIAL FACTS RELATING THERETO IF A CONFLICT DOES ARISE, THE HOSPITAL AND ANY AFFILIATED ORGANIZATION SHALL 1 REQUIRE THAT THE "INTERESTED PERSON" LEAVE THE MEETING DURING THE DISCUSSION OF AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST, 2 APPOINT, IF APPROPRIATE, UNDER THE CIRCUMSTANCES THEN APPEARING, A NON-INTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, 3 DETERMINE, BY A MAJORITY VOTE OF NON-INTERESTED PERSONS PRESENT, THAT THE TRANSACTION OR ARRANGEMENT IS IN THE HOSPITAL OR AFFILIATED ORGANIZATION'S BEST INTERESTS AND FOR ITS OWN BENEFIT AND IS FAIR AND REASONABLE TO THE HOSPITAL OR AFFILIATED ORGANIZATION 4 TAKE APPROPRIATE DISCIPLINARY ACTION WITH RESPECT TO AN "INTERESTED PERSON" WHO VIOLATES THIS CONFLICT OF INTEREST POLICY TO PROTECT THE ORGANIZATION'S BEST INTERESTS THE MINUTES OF ANY MEETING OF THE BOARD OF DIRECTORS OR ANY COMMITTEE WITH BOARD-DELEGATED POWERS SHALL INCLUDE THE FOLLOWING 1 THE NAMES OF THE PERSONS WHO DISCLOSED FINANCIAL INTERESTS AND THE NATURE OF THEIR FINANCIAL INTEREST, 2 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT AND A RECORD OF THE VOTE NO PHYSICIAN, WHO RECEIVES COMPENSATION DIRECTLY OR INDIRECTLY FROM THE HOSPITAL OR ANY AFFILIATED ORGANIZATION, SHALL BE A MEMBER OR SERVE ON ANY COMMITTEE DECIDING ON COMPENSATION FOR INDEPENDENT CONTRACTORS OR PRINCIPAL OFFICERS OF THE CORPORATION NO MEMBER OF ANY COMPENSATION COMMITTEE WHO HAS A CONFLICT OF INTEREST SHALL, DIRECTLY OR INDIRECTLY, VOTE ON MATTERS PERTAINING TO THAT INDIVIDUAL'S COMPENSATION EVERY MEMBER OF THE BOARD OF DIRECTORS, PRINCIPAL OFFICER, AND MEMBER OF ANY COMMITTEE WITH BOARD-DELEGATED POWERS SHALL SIGN AN ANNUAL STATEMENT THAT SUCH PERSON 1 RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2 READ AND UNDERSTANDS THE POLICY, 3 AGREES TO COMPLY WITH THE POLICY, 4 UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS, AND 5 UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS TAX EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF OFFICERS	FORM 990, PART VI, LINE 15A & 15B	THE ORGANIZATION'S SALARY AND ADMINISTRATIVE REVIEW COMMITTEE, WHICH IS MADE UP OF MEMBERS OF THE BOARD OF DIRECTORS, REVIEWS THE COMPENSATION FOR THE PRESIDENT AND VICE-PRESIDENTS OF THE MEDICAL CENTER THE REVIEW OF COMPENSATION UTILIZES THE ANNUAL "EXECUTIVE COMPENSATION REPORT" THAT IS PUBLISHED BY THE MISSOURI HOSPITAL ASSOCIATION A REVIEW OF THE MISSOURI DELTA MEDICAL CENTER'S PRESIDENT AND VICE-PRESIDENTS WAS CONDUCTED FOR THE YEAR ENDING SEPTEMBER 30, 2011

Identifier	Return Reference	Explanation
DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	UNREALIZED LOSS $ (14,045) TRANSFERS RELATED TO CONSOLIDATION 343,634 CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 14,967 --------- $ 344,556

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JON GILMORE TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JEFF HUX TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES ANCELL TITLE FORMER PRESIDENT HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JON BRANSTETTER TITLE VICE PRESIDENT FINANCE HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JASON SCHRUMPF TITLE PRESIDENT HOURS 2

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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

2010

Open to Public Inspection

Name of the organization
Missouri Delta Medical Center

Employer identification number
43-0633449

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CONTINU-CARE HOMEMAKER SERVICES 1008 NORTH MAIN STREET SIKESTON, MO 63801 43-1835384	HOME HEALTH	MO	501(C)(3)	9	MDMC		
(2) MISSOURI DELTA MEDICAL CENTER FOUNDATION 1008 NORTH MAIN STREET SIKESTON, MO 63801 43-1577510	FUNDRAISING	MO	501(C)(3)	11-I	MDMC		

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) Disproprtionate 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	(k) Percentage ownership

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
(1) SOUTHEAST MO UROLOGY CONSULTANTS INC 1106 NORTH MAIN SIKESTON, MO63801 43-1723563	HEALTH CARE	MO	MDMC	C CORP	700,482	1,901	100 000 %

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

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

		Yes	No
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		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
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		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
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		No
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	(d) Method of determining amount involved
(1) CONTINU-CARE HOMEMAKER SERVICES INC	R	268,207	
(2) MISSOURI DELTA MEDICAL CENTER FOUNDATION	C	496,780	
(3) MISSOURI DELTA MEDICAL CENTER FOUNDATION	R	95,918	
(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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Missouri Delta Medical Center

Accountants' Report and Consolidated Financial Statements

September 30, 2011 and 2010

Missouri Delta Medical Center

September 30, 2011 and 2010

Contents

BKD LLP
CPAs & Advisors

One Metropolitan Square
211 N Broadway, Suite 600
St Louis, MO 63102-2733
314 231 5544 Fax 314 231 9731 www bkd com

Independent Accountants' Report on Consolidated Financial Statements and Supplementary Information

Board of Directors
Missouri Delta Medical Center
Sikeston, Missouri

We have audited the accompanying consolidated balance sheets of Missouri Delta Medical Center (the "Center") as of September 30, 2011 and 2010, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Center's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our 2011 audit was also conducted in accordance with the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Missouri Delta Medical Center as of September 30, 2011 and 2010, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated February 1, 2012, on our consideration of the Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidated supplementary information and schedule of expenditures of federal awards required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic consolidated financial statements taken as a whole.

BKD, LLP

February 1, 2012

Missouri Delta Medical Center
Consolidated Balance Sheets
September 30, 2011 and 2010

Assets

	2011	2010
Current Assets		
Cash and cash equivalents	$ 8,898,188	$ 12,520,250
Patient accounts receivable, net of allowance; 2011 - $4,520,000, 2010 - $4,530,000	10,617,490	11,262,340
Estimated amounts due from Medicare	-	552,655
Supplies	3,203,571	2,711,424
Prepaid expenses and other	1,457,121	1,053,705
Short-term investments	494,448	-
Total current assets	24,670,818	28,100,374
Assets Limited As To Use		
Internally designated	279,736	326,775
Externally restricted by donors	397,212	770,532
	676,948	1,097,307
Investments and Long-term Receivables		
Notes receivable, net of allowance; 2011 - $170,000, 2010 - $150,000	1,256,191	1,174,516
Other investments	3,061,774	3,044,865
	4,317,965	4,219,381
Property and Equipment, At Cost		
Land and land improvements	1,855,182	1,801,670
Buildings	31,932,516	27,729,334
Equipment	39,217,097	40,277,563
Construction in progress	104,254	715,987
	73,109,049	70,524,554
Less accumulated depreciation	42,476,230	44,300,530
	30,632,819	26,224,024
Total assets	$ 60,298,550	$ 59,641,086

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2011	2010
Current Liabilities		
Current maturities of long-term debt	$ 774,751	$ 729,040
Estimated amounts due to Medicare	330,000	-
Estimated amounts due to third-party payers	1,095,391	972,370
Accounts payable and accrued expenses	3,075,153	2,171,954
Accrued payroll and related expenses	2,872,043	3,032,672
Total current liabilities	8,147,338	6,906,036
Interest Rate Swap Agreement	578,048	593,015
Long-term Debt	9,567,507	10,208,753
Total liabilities	18,292,893	17,707,804
Net Assets		
Unrestricted	41,608,445	41,162,750
Temporarily restricted	28,073	401,513
Permanently restricted	369,139	369,019
Total net assets	42,005,657	41,933,282
Total liabilities and net assets	$ 60,298,550	$ 59,641,086

Missouri Delta Medical Center

Consolidated Statements of Operations

Years Ended September 30, 2011 and 2010

	2011	2010
Unrestricted Revenues, Gains and Other Support		
Net patient service revenue	$ 90,215,169	$ 86,301,634
Other	1,275,192	1,183,924
Total unrestricted revenues, gains and other support	91,490,361	87,485,558
Expenses		
Nursing services	31,576,489	27,452,618
Professional services	27,773,690	28,031,426
General services	4,548,472	4,323,945
Administrative and general	15,515,164	14,774,073
Depreciation	3,690,491	3,413,766
Interest	662,736	559,005
Provision for uncollectible accounts	11,293,378	9,791,817
Total expenses	95,060,420	88,346,650
Operating Loss	(3,570,059)	(861,092)
Other Income		
Investment income	157,366	244,806
Farm income	529,113	597,303
Gain on sale of dialysis unit	2,383,528	-
Total other income	3,070,007	842,109
Deficiency of Revenues Over Expenses	(500,052)	(18,983)
Change in fair value of interest rate swap agreement	14,967	(506,833)
Grants for acquisition of property and equipment	350,000	-
Net assets released from restriction used for purchase of property and equipment	580,780	245,228
Change in Unrestricted Net Assets	$ 445,695	$ (280,588)

Missouri Delta Medical Center

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2011 and 2010

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Net Assets, October 1, 2009	$ 41,443,338	$ 174,751	$ 365,999	$ 41,984,088
Deficiency of revenues over expenses	(18,983)	-	-	(18,983)
Change in fair value of interest rate swap agreement	(506,833)	-	-	(506,833)
Contributions	-	471,990	3,020	475,010
Net assets released from restrictions	245,228	(245,228)	-	-
Change in net assets	(280,588)	226,762	3,020	(50,806)
Net Assets, September 30, 2010	41,162,750	401,513	369,019	41,933,282
Deficiency of revenues over expenses	(500,052)	-	-	(500,052)
Change in fair value of interest rate swap agreement	14,967	-	-	14,967
Contributions	-	207,340	120	207,460
Grants for acquisition of property and equipment	350,000	-	-	350,000
Net assets released from restrictions	580,780	(580,780)	-	-
Change in net assets	445,695	(373,440)	120	72,375
Net Assets, September 30, 2011	$ 41,608,445	$ 28,073	$ 369,139	$ 42,005,657

See Notes to Consolidated Financial Statements

Missouri Delta Medical Center

Consolidated Statements of Cash Flows

Years Ended September 30, 2011 and 2010

	2011	2010
Operating Activities		
Change in net assets	$ 72,375	$ (50,806)
Items not requiring (providing) cash		
Depreciation	3,690,491	3,413,766
Change in fair value of interest rate swap agreement	(14,967)	506,833
Loss on disposal of property and equipment	130,755	-
Permanently restricted contributions	(120)	(3,020)
Grants for acquisition of property and equipment	(350,000)	-
Changes in		
Patient accounts receivable, net	644,850	(718,946)
Estimated amounts due to/from third-party payers	1,005,676	18,644
Supplies and other current assets	(895,563)	(485,352)
Accounts payable and other current liabilities	920,848	(783,108)
Net cash provided by operating activities	5,204,345	1,898,011
Investing Activities		
Net change in externally restricted investments	373,320	(229,782)
Net change in notes receivable	(81,675)	(101,876)
Purchase of investments	(776,504)	(784,150)
Proceeds from the sale of investments	329,095	3,965,393
Purchase of property and equipment	(8,425,228)	(4,969,612)
Net cash used in investing activities	(8,580,992)	(2,120,027)
Financing Activities		
Principal payments on long-term debt	(1,295,535)	(1,538,122)
Net borrowings under bank loan	-	1,852,045
Proceeds from permanently restricted contributions	120	3,020
Proceeds from issuance of notes payable to USDA	700,000	-
Proceeds from grants for acquisition of property and equipment	350,000	-
Net cash provided by (used in) financing activities	(245,415)	316,943
Increase (Decrease) in Cash and Cash Equivalents	(3,622,062)	94,927
Cash and Cash Equivalents, Beginning of Year	12,520,250	12,425,323
Cash and Cash Equivalents, End of Year	$ 8,898,188	$ 12,520,250
Supplemental Cash Flows Information		
Accounts payable incurred for equipment	$ 408,517	$ 230,239
Interest paid	$ 662,736	$ 559,005

See Notes to Consolidated Financial Statements

Missouri Delta Medical Center
Notes to Consolidated Financial Statements
September 30, 2011 and 2010

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Missouri Delta Medical Center (the "Center") operates an acute care hospital, an acute rehabilitation unit, a psychiatric unit and a home health agency in Sikeston, Missouri. The Center primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in southeastern Missouri. The Center also provides homemaker services through Continu-Care Homemaker Services, Inc., an entity related to the Center through common control. The Missouri Delta Medical Center Foundation raises funds which are distributed to the Center. The Center also holds a 100% interest in Southeast Urology Consultants P.C. The accounts of related entities are included in these consolidated financial statements with intercompany transactions being eliminated.

Use of Estimates

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

Cash and Cash Equivalents

The Center considers all liquid investments with original maturities of three months or less to be cash equivalents. At September 30, 2011 and 2010, cash equivalents consisted primarily of money market accounts and a repurchase agreement.

Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions. Effective July 21, 2010, the FDIC's insurance limits were permanently increased to $250,000. At September 30, 2011, the Center's cash accounts exceeded federally insured limits by approximately $8,685,000.

A member of the Center's board of directors is an officer at a financial institution holding approximately $2,119,000 of the Center's deposits at year-end.

Investments and Investment Return

Investments in equity securities having a readily determinable fair value and in all debt securities are carried at fair value. The Center values short-term certificate of deposits at cost which approximates market. Other investments are valued at the lower of cost (or fair value at time of donation, if acquired by contribution) or fair value. Investment return includes dividend, interest and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in unrestricted net assets.

Assets Limited As To Use

Assets limited as to use include: assets restricted by donors and assets set aside by the board of directors for future capital improvements over which the board retains control and may at its discretion subsequently use for other purposes. Amounts, if any, required to meet current liabilities of the Center are included in current assets.

Patient Accounts Receivable

The Center reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The 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 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.

Supplies

The Center states supply inventories at the lower of cost, determined using the first-in, first-out method or market.

Property and Equipment

Property and equipment are depreciated on a straight-line basis over the estimated useful life of each asset. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective estimated useful lives.

Donations of property and equipment are reported at fair value as an increase in unrestricted net assets unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in unrestricted net assets when the donated asset is placed in service.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Center in perpetuity.

The Center accounts for any appreciation in endowment funds as permanently restricted unless specified otherwise by the donor. Interest and dividends from permanently restricted investments are included in unrestricted net assets unless donor stipulations restrict such earnings.

Net Patient Service Revenue

The Center has agreements with third-party payers that provide for payments to the Center at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and include estimated retroactive revenue adjustments. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Center provides charity care to patients who are unable to pay for services. The amount of charity care is included in net patient service revenue and is not separately classified from the provision for uncollectible accounts.

Contributions

Unconditional promises to give cash and other assets are accrued at estimated fair value at the date each promise is received. Gifts received with donor stipulations are reported as either temporarily or permanently restricted support. When a donor restriction expires, that is, when a time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified and reported as an increase in unrestricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions. Conditional contributions are reported as liabilities until the condition is eliminated or the contributed assets are returned to the donor.

Estimated Malpractice Costs

An annual estimated provision is accrued for the self-insured portion of medical malpractice claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported.

Income Taxes

The Center has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, they are subject to federal income tax on any unrelated business taxable income.

The Center files tax returns in the U.S. federal jurisdiction. With a few exceptions, the Center is no longer subject to U.S. federal examinations by tax authorities for years before 2008.

Deficiency of Revenues Over Expenses

The consolidated statements of operations include deficiencies of revenues over expenses. Changes in unrestricted net assets which are excluded from deficiencies of revenues over expenses, consistent with industry practice, include grants for the acquisition of long-lived assets, contributions of long-lived assets including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets and the effective portion of changes in the fair value of interest rate swap agreements.

Reclassifications

Certain reclassifications have been made to the 2010 consolidated financial statements to conform to the 2011 financial statement presentation. These reclassifications had no effect on the change in net assets.

Subsequent Events

Subsequent events have been evaluated through February 1, 2012, which is the date the consolidated financial statements were available to be issued.

Note 2: Net Patient Service Revenue

The Center has agreements with third-party payers that provide for payments to the Center at amounts different from its established rates. These payment arrangements include:

Medicare. Inpatient acute care services and substantially all outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient rehabilitation services are paid at prospectively determined rates that are based on the patient's acuity. Certain inpatient nonacute services are paid based on a cost reimbursement methodology. The Center is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Center and audits thereof by the Medicare fiscal intermediary.

Medicaid. Inpatient and substantially all outpatient services rendered to Medicaid program beneficiaries are reimbursed based on a prospectively determined rate.

The Center's net patient service revenue decreased approximately $250,000 in 2011 after increasing approximately $350,000 in 2010 due to changes in estimated settlement amounts. Approximately 59% and 61% of net patient service revenue are from participation in the Medicare and state-sponsored Medicaid programs for the years ended September 30, 2011 and 2010, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

Note 3: Concentrations of Credit Risk

The Center grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at September 30, 2011 and 2010, is:

	2011	2010
Medicare	29%	27%
Medicaid	8%	9%
Other third-party payers	40%	42%
Patients	23%	22%
	100%	100%

Note 4: Notes Receivable

Notes receivable consist of loans made to physicians and employees. Physician loans are forgiven over specified periods of time as well as set payment terms as determined in the loan agreement. Notes receivable to employees consist of advances for employees who are continuing their education and who agree to continue to work at the Center for specified periods of time.

Note 5: Investments and Assets Limited as to Use

Short-term Investments

Short-term investments include:

	2011	2010
Money market fund	$ 200,014	$ -
Equity securities	294,434	-
	$ 494,448	$ -

Assets Limited as to Use

Assets limited as to use include:

	2011	2010
Internally designated by board		
Cash and certificates of deposit	$ 175,236	$ 286,879
Equity securities	43,331	39,896
Fixed income securities	61,169	-
	279,736	326,775
Externally restricted by donors		
Cash and certificates of deposit	322,394	690,517
Equity securities	3,799	-
Fixed income securities	71,019	80,015
	397,212	770,532
	$ 676,948	$ 1,097,307

Other Investments

Other investments include:

	2011	2010
Land held for future use	$ 3,061,774	$ 3,044,865
	$ 3,061,774	$ 3,044,865

Note 6: Disclosures About Fair Value of Assets and Liabilities

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies and inputs used for assets and liabilities measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include money market funds and equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. Level 2 investments include certificates of deposit and fixed income securities. In certain cases where Level 1 and Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy.

Interest Rate Swap Agreements

The fair value is estimated using forward-looking interest rate curves and discounted cash flows that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2011 and 2010:

	2011			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Money market funds	$ 206,351	$ 206,351	$ -	$ -
Equity securities	$ 341,564	$ 341,564	$ -	$ -
Certificates of deposit	$ 490,911	$ -	$ 490,911	$ -
Fixed income securities	$ 132,188	$ -	$ 132,188	$ -
Interest rate swap agreements	$ (578,048)	$ -	$ (578,048)	$ -

	2010			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Money market funds	$ 255,956	$ 255,956	$ -	$ -
Equity securities	$ 39,896	$ 39,896	$ -	$ -
Certificates of deposit	$ 708,419	$ -	$ 708,419	$ -
Fixed income securities	$ 80,015	$ -	$ 80,015	$ -
Interest rate swap agreements	$ (593,015)	$ -	$ (593,015)	$ -

Note 7: Medical Malpractice Coverage and Claims

The Center has joined together with other providers of health care services to form the Missouri Hospital Plan, a risk pool (the "Pool") currently operating as a common risk management and insurance program for its members. The Center purchased medical malpractice insurance from the Pool under a claims-made policy. The Center pays an annual premium to the Pool for its torts insurance coverage. The Pool's governing agreement specified that the Pool will be self-sustaining through member premiums and will insure through commercial carriers for claims in excess of stop loss amounts.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Center's claim experience, no such accrual has been made.

Note 8: Long-term Debt

	2011	2010
2002 Industrial Development Authority of the city of Sikeston, Missouri Hospital Revenue Bonds; issued $5,900,000 payable in 240 monthly installments through August 1, 2022, interest rate at 5.79%; secured by the Center's real estate	$ 3,440,698	$ 4,251,610
Bank loan payable in 59 monthly installments, with a final payment on October 1, 2015, of $5,131,475, interest at LIBOR plus 2.5%; secured by the Center's real estate	5,830,515	5,987,027
USDA loan payable in an annual installment of $50,379 on December 2, 2011, and monthly installments of $4,198 beginning January 2, 2012 through December 2, 2029, including interest at 3.75%; secured by real estate and equipment	700,000	-
Capital leases at varying rates of imputed interest from 4.50% to 8.25%, due through January 2014, collateralized by equipment	371,045	699,156
	10,342,258	10,937,793
Less current maturities	774,751	729,040
	$ 9,567,507	$ 10,208,753

Aggregate scheduled annual maturities of long-term debt and payments on capital lease obligations at September 30, 2011, are:

	Long-term Debt (Excluding Capital Lease Obligations)	Capital Lease Obligations
2012	$ 496,711	$ 291,627
2013	526,527	65,497
2014	558,147	32,747
2015	5,688,791	-
2016	413,495	-
Thereafter	2,287,542	-
	$ 9,971,213	$ 389,871
Less amount representing interest		18,826
Present value of future minimum lease payments		371,045
Less current maturities		278,040
Noncurrent portion		$ 93,005

Property and equipment include the following under certain leases:

	2011	2010
Equipment	$ 1,245,752	$ 1,375,252
Accumulated depreciation	1,042,570	924,048
	$ 203,182	$ 451,204

Note 9: Derivative Financial Instrument – Cash Flow Hedge

As a strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Center entered into an interest rate swap agreement for its floating rate debt. The agreement provides for the Center to receive interest from the counterparty at LIBOR plus 2.5% and to pay interest to the counterparty at a fixed rate of 6.04% on notional amounts of $5,830,515 and $5,987,027 at September 30, 2011 and 2010. Under the agreement, the Center will pay or receive the net interest amount monthly, with the monthly settlements included in interest expense.

Management has designated the interest rate swap agreement as a cash flow hedging instrument. For derivative instruments that are designated and qualify as a cash flow hedge, the effective portion of the gain or loss on the derivative is reported as a component of change in unrestricted net assets. Gains and losses on the derivative representing either hedge ineffectiveness or hedge components excluded from the assessment of effectiveness are recognized in current excess revenues over expenses.

The table below presents certain information regarding the Center's interest rate swap agreement designated as a cash flow hedge. The Center did not have any derivative instruments at September 30, 2011 and 2010, that were not designated as hedging instruments.

	2011	2010
Fair value of interest rate swap agreement	$ 578,048	$ 593,015
Balance sheet location of fair value amount	Long-term liability	
Income (loss) recognized in unrestricted net assets (effective portion)	$ 14,967	$ (506,833)
Loss recognized in deficiency of revenues over expenses (amount excluded from effectiveness testing)	$ 194,901	$ 16,216
Location of loss recognized in deficiency of revenues over expenses (amount excluded from effectiveness testing)	Interest expense	

Note 10: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purpose:

	2011	2010
Health education and equipment purchases	$ 28,073	$ 401,513

Net assets were released from donor restrictions for equipment purchases amounting to $580,780 and $245,228 during the years ended September 30, 2011 and 2010, respectively.

Permanently restricted net assets are restricted to:

	2011	2010
Investments to be held in perpetuity, the income is unrestricted	$ 369,139	$ 369,019

Note 11: Functional Expenses

The Center provides health care services primarily to residents within its geographic area. Expenses related to providing these services are as follows:

	2011	2010
Health care services	$ 73,715,405	$ 68,092,368
General and administrative	21,345,015	20,254,282
	$ 95,060,420	$ 88,346,650

Note 12: Operating Leases

Noncancellable operating leases for building and equipment expire in various years through 2016. Future minimum lease payments at September 30, 2011, were:

2012	$ 819,794
2013	187,202
2014	178,424
2015	174,046
2016	106,199
Thereafter	5,100
Future minimum lease payments	$ 1,470,765

Rental expense under operating leases amounted to $1,495,877 and $1,732,521 in 2011 and 2010, respectively.

Note 13: Pension Plan

The Center has a defined contribution pension plan covering substantially all employees. Annual contributions are based upon the board of directors discretion. Pension expense was $587,768 and $917,222 for the years ended September 30, 2011 and 2010, respectively.

Note 14: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerability due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes 1 and 2.

Health Insurance Plan

Substantially all of the Center's employees and their dependents are eligible to participate in the Center's employee health insurance plan. The Center is self-insured for health claims of participating employees and dependents. Commercial stop-loss insurance coverage is purchased for individual and aggregate claims. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is

estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the Center's estimate will change by a material amount in the near term.

Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Notes 1 and 7.

General Litigation

The Center is subject to claims and lawsuits that arise primarily in the ordinary course of business. It is the opinion of management that the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the consolidated financial position of the Center.

Current Economic Conditions

The current protracted economic decline continues to present hospitals with difficult circumstances and challenges, which in some cases have resulted in large declines in the fair value of investments and other assets, large declines in contributions, constraints on liquidity and difficulty obtaining financing. The consolidated financial statements have been prepared using values and information currently available to the Center.

Current economic conditions, including the unemployment rate, have made it difficult for certain of our patients to pay for services rendered. As employers make adjustments to health insurance plans or more patients become unemployed, services provided to self-pay and other payers may significantly impact net patient service revenue, which could have an adverse impact on the Center's future operating results. Further, the effect of economic conditions on the state may have an adverse effect on cash flows related to the Medicaid program.

Given the volatility of current economic conditions, the values of assets and liabilities recorded in the consolidated financial statements could change rapidly, resulting in material future adjustments in investment values and allowances for accounts and contributions receivable that could negatively impact the Center's ability to meet debt covenants or maintain sufficient liquidity.

Note 15: Beneficial Interest in Gift Agreement

The Center is the beneficiary of land valued at approximately $2,900,000 under a gift agreement. The asset is not included in the consolidated balance sheets of the Center as the gift may be revoked under certain conditions. The Center will recognize the asset and related support once the gift becomes irrevocable.

Note 16: Sale of Dialysis Department

The Center sold its Dialysis department during 2011 for $2,512,855. The resulting gain of $2,383,528 is included in other income on the 2011 consolidated statement of operations. The Center maintained ownership of the building and has entered into a 10 year operating lease agreement with the buyer.

Supplementary Information

Missouri Delta Medical Center

Consolidated Net Patient Service Revenue

Years Ended September 30, 2011 and 2010

	2011		
	Inpatient	Outpatient	Total
Daily Patient Services			
Acute care	$ 14,756,327	$ -	$ 14,756,327
Intensive care	4,541,069	-	4,541,069
Nursery	1,185,615	-	1,185,615
Psychiatric services	4,839,699	-	4,839,699
Rehabilitation services	1,651,400	-	1,651,400
	26,974,110	-	26,974,110
Other Nursing Services			
Operating room	18,837,768	15,045,145	33,882,913
Recovery room	613,351	1,708,518	2,321,869
Delivery room	2,158,130	818,135	2,976,265
Central supply	4,461,542	1,223,621	5,685,163
Electrocardiology	3,280,997	2,626,515	5,907,512
Emergency room	3,435,010	12,749,222	16,184,232
Renal dialysis	937,506	2,705,208	3,642,714
Missouri Delta primary care	-	257,600	257,600
Charleston rural health clinic	-	337,101	337,101
Smith street clinic	-	840,081	840,081
Women's care clinic	-	852,424	852,424
Express care	-	3,033,925	3,033,925
Home health	-	1,123,640	1,123,640
Homemaker services	-	2,499,135	2,499,135
	33,724,304	45,820,270	79,544,574
Other Professional Services			
Laboratory	13,211,667	21,115,539	34,327,206
Blood bank	2,377,806	396,914	2,774,720
Intravenous therapy	4,817,922	2,328,357	7,146,279
Radiology	7,968,110	25,114,312	33,082,422
Pharmacy	23,452,571	14,690,118	38,142,689
Anesthesia	4,581,538	6,645,393	11,226,931
Infusion Center	-	1,235,180	1,235,180
Inhalation therapy	13,339,105	3,022,550	16,361,655
Speech pathology	303,453	242,830	546,283
Physical therapy	1,134,429	4,040,561	5,174,990
Sleep lab	7,754	1,873,703	1,881,457
Physician services	6,406,283	9,169,770	15,576,053
Wound care	-	68,950	68,950
	77,600,638	89,944,177	167,544,815
	$ 138,299,052	$ 135,764,447	274,063,499
Contractual Allowances			183,848,330
Net Patient Service Revenue			$ 90,215,169

2010		
Inpatient	Outpatient	Total
$ 12,929,736	$ -	$ 12,929,736
3,516,060	-	3,516,060
1,072,798	-	1,072,798
4,997,784	-	4,997,784
1,691,924	-	1,691,924
24,208,302	-	24,208,302
9,854,775	11,952,026	21,806,801
499,856	1,362,577	1,862,433
1,835,633	840,352	2,675,985
3,059,955	1,021,458	4,081,413
2,712,766	2,521,648	5,234,414
2,776,822	11,995,159	14,771,981
469,024	5,742,199	6,211,223
-	-	-
-	311,296	311,296
-	461,678	461,678
-	51,100	51,100
-	2,491,144	2,491,144
-	918,266	918,266
-	2,629,800	2,629,800
21,208,831	42,298,703	63,507,534
11,407,074	20,705,559	32,112,633
2,187,409	323,921	2,511,330
4,589,516	2,144,758	6,734,274
7,182,064	22,587,659	29,769,723
20,595,391	16,064,771	36,660,162
3,762,057	5,227,697	8,989,754
-	953,761	953,761
11,251,765	2,830,785	14,082,550
368,017	180,399	548,416
1,044,409	3,781,037	4,825,446
-	1,402,575	1,402,575
6,443,367	9,682,599	16,125,966
-	-	-
68,831,069	85,885,521	154,716,590
$ 114,248,202	$ 128,184,224	242,432,426
		156,130,792
		$ 86,301,634

Missouri Delta Medical Center

Consolidated Other Revenue

Years Ended September 30, 2011 and 2010

	2011	2010
Cafeteria	$ 367,705	$ 346,519
Miscellaneous	135,852	80,211
Lifeline	2,500	2,905
Medical records	91,456	98,344
Pharmacy	313,682	266,257
Laboratory	2,942	2,545
Vending machine	5,427	5,242
Grant	-	100,000
Rental income	353,292	279,600
Fitness center	2,336	2,301
	$ 1,275,192	$ 1,183,924

Missouri Delta Medical Center

Consolidated Expenses

Years Ended September 30, 2011 and 2010

	2011	2010
Nursing Services		
Acute care	$ 6,177,785	$ 5,797,821
Intensive care	1,640,072	1,447,353
Nursery	580,701	565,012
Nursing administration	907,146	941,855
Psychiatric services	1,783,933	1,702,946
Rehabilitation	845,117	875,556
Operating room	7,529,322	5,489,623
Recovery room	422,575	413,035
Central supply	569,304	499,031
Electrocardiology	518,994	751,585
Emergency room	3,699,488	3,269,411
Renal dialysis	993,154	1,840,508
Missouri Delta primary care	116,838	-
Charleston rural health clinic	307,528	247,877
Smith street clinic	616,066	264,307
Women's care center	1,047,410	59,921
Express care	1,406,133	955,015
Home health services	946,587	833,124
Homemaker services	1,468,336	1,498,638
	31,576,489	27,452,618
Professional Services		
Laboratory	3,268,554	3,128,838
Blood bank	558,384	555,937
Intravenous therapy	362,135	360,892
Radiology	3,778,941	3,648,324
Pharmacy	5,106,690	5,468,091
Anesthesia	2,075,903	1,873,822
Infusion center	469,008	396,808
Inhalation therapy	1,068,729	1,020,100
Speech pathology	96,680	101,133
Physical therapy	1,257,724	1,235,960
Sleep lab	202,858	222,484
Medical records	891,538	820,982
Quality assurance	762,549	670,844
Social services	161,527	201,966
Physician services	7,580,936	8,325,245
Wound care	131,534	-
	27,773,690	28,031,426

Missouri Delta Medical Center

Consolidated Expenses (Continued)

Years Ended September 30, 2011 and 2010

	2011	2010
General Services		
Dietary	$ 1,427,952	$ 1,325,414
Operation of plant	1,717,320	1,657,206
Repairs and maintenance	195,857	186,765
Housekeeping	780,891	742,960
Laundry and linen	426,452	411,600
	4,548,472	4,323,945
Administrative and General		
Fiscal services	270,002	298,058
Data processing	596,955	576,665
Admissions	441,979	438,333
Credit and collection	1,233,933	1,196,374
General expenses	2,086,097	1,988,983
Auxiliary board	4,964	4,584
Public dining room	99,688	108,790
Foundation	95,693	93,694
Public relations	274,378	459,868
Purchasing	325,421	284,098
Print shop	46,673	44,161
Personnel	411,291	285,314
Insurance	1,282,649	1,221,445
Employee benefits	8,345,441	7,773,706
	15,515,164	14,774,073
Depreciation	3,690,491	3,413,766
Interest	662,736	559,005
Provision for Uncollectible Accounts	11,293,378	9,791,817
	$ 95,060,420	$ 88,346,650

Missouri Delta Medical Center
Schedule of Expenditures of Federal Awards
Year Ended September 30, 2011

Program	Federal Agency/ Pass-Through Entity	CFDA Number	Grant or Identifying Number	Amount
American Recovery and Reinvestment Act - Community Facilities Loan and Grant	U.S. Department of Agriculture	10.766	NONE	$ 950,000
American Recovery and Reinvestment Act - Community Facilities Loan and Grant	U.S. Department of Agriculture/Delta Regional Authority	10.766	NONE	100,000
				$ 1,050,000

Notes to Schedule

1. This schedule includes the federal award activity of Missouri Delta Medical Center and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

2. No awards were provided to subrecipients.

BKD LLP
CPAs & Advisors

One Metropolitan Square
211 N Broadway, Suite 600
St Louis, MO 63102-2733
314 231 5544 Fax 314 231 9731 www.bkd.com

Independent Accountants' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Directors
Missouri Delta Medical Center
Sikeston, Missouri

We have audited the consolidated financial statements of Missouri Delta Medical Center (the "Center") as of and for the year ended September 30, 2011, and have issued our report thereon dated February 1, 2012. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Center's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Center's financial statements will not be prevented or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted certain matters that we reported to the Center's management in a separate letter dated February 1, 2012.

This report is intended solely for the information and use of the Board of Directors, management and others within the Center and the federal awarding agency and is not intended to be and should not be used by anyone other than these specified parties.

BKD, LLP

February 1, 2012

BKD LLP
CPAs & Advisors

One Metropolitan Square
211 N Broadway, Suite 600
St Louis, MO 63102-2733
314 231 5544 Fax 314 231 9731 www bkd com

Independent Accountants' Report on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133

Board of Directors
Missouri Delta Medical Center
Sikeston, Missouri

Compliance

We have audited the compliance of Missouri Delta Medical Center (the "Center") with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133, *Compliance Supplement*, that could have a direct and material effect on its major federal program for the year ended September 30, 2011. The Center's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to its major federal program is the responsibility of the Center's management. Our responsibility is to express an opinion on the compliance of Missouri Delta Medical Center based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Center's compliance with those requirements.

In our opinion, the Center complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2011.

Internal Control Over Compliance

The management of the Center is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Center's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management and the federal awarding agency and is not intended to be and should not be used by anyone other than these specified parties.

BKD, LLP

February 1, 2012

Missouri Delta Medical Center

Schedule of Findings and Questioned Costs

Year Ended September 30, 2011

Summary of Auditor's Results

1. The opinion expressed in the independent accountants' report was:

   ☒ Unqualified ☐ Qualified ☐ Adverse ☐ Disclaimed

2. The independent accountants' report on internal control over financial reporting described:

Significant deficiency(ies) noted considered material weakness(es)?	☐ Yes	☒ No
Significant deficiency(ies) noted that are not considered to be a material weakness?	☐ Yes	☒ No

3. Noncompliance considered material to the financial statements was disclosed by the audit? ☐ Yes ☒ No

4. The independent accountants' report on internal control over compliance with requirements applicable to major federal awards programs described:

Significant deficiency(ies) noted considered material weakness(es)?	☐ Yes	☒ No
Significant deficiency(ies) noted that are not considered to be a material weakness?	☐ Yes	☒ No

5. The opinion expressed in the independent accountants' report on compliance with requirements applicable to major federal awards was:

   ☒ Unqualified ☐ Qualified ☐ Adverse ☐ Disclaimed

6. The audit disclosed findings required to be reported by OMB Circular A-133? ☐ Yes ☒ No

7. The Center's major program was:

Cluster/Program	CFDA Number
American Recovery and Reinvestment Act - Community Facilities Loans and Grants	10.766

8. The threshold used to distinguish between Type A and Type B programs as those terms are defined in OMB Circular A-133 was $300,000.

9. The Center qualified as a low-risk auditee as that term is defined in OMB Circular A-133? ☐ Yes ☒ No

Missouri Delta Medical Center

Schedule of Findings and Questioned Costs (Continued)

Year Ended September 30, 2011

Findings Required to be Reported by *Government Auditing Standards*

Reference Number	Findings	Questioned Costs

No matters are reportable.

Findings Required to be Reported by OMB Circular A-133

Reference Number	Findings	Questioned Costs

No matters are reportable.