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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Heartland Regional Medical Center

Doing business as
Mosaic Life Care

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

City or town, state or province, country, and ZIP or foreign postal code
St Joseph, MO 64506

D Employer identification number
44-0545289

E Telephone number
(816) 271-7070

G Gross receipts $ 950,296,386

F Name and address of principal officer
Dwain Stilson
5325 Faraon Street
St Joseph, MO 64506

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

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

H(c) Group exemption number ▶

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

J Website: ▶ https //www mymlc com/Main/Location/st-joseph-mo/mosaic-medical-center-st -joseph/

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

L Year of formation 1985

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE POPULATION HEALTH OUTCOMES IN OUR REGION BY PROVIDING THE RIGHT CARE, AT THE RIGHT TIME, PLACE AND COST

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	4,357
6	Total number of volunteers (estimate if necessary)	**6**	425
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	238,022
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	404,614	355,545
9	Program service revenue (Part VIII, line 2g)	619,549,975	633,150,002
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,782,479	23,797,245
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,609,496	11,529,345
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	669,346,564	668,832,137
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,896,749	53,842,112
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)	350,501,825	327,681,503
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶268,893		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	289,902,137	260,502,677
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	645,300,711	642,026,292
19	Revenue less expenses Subtract line 18 from line 12	24,045,853	26,805,845

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	935,224,619	1,073,189,130
21	Total liabilities (Part X, line 26)	343,474,048	442,957,247
22	Net assets or fund balances Subtract line 21 from line 20	591,750,571	630,231,883

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

****** 2020-05-12
Signature of officer Date

Dwain Stilson Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01306883

Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 4650 East 53rd Street Davenport, IA 52807 | Phone no (563) 888-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO IMPROVE POPULATION HEALTH OUTCOMES IN OUR REGION BY PROVIDING THE RIGHT CARE, AT THE RIGHT TIME, PLACE AND COST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 593,047,858 including grants of $ 53,842,112) (Revenue $ 644,174,605)

See Additional Data

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 ▶** 593,047,858

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (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**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	279		
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**	4,357		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	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 as charitable contributions? . . .			**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**	Yes
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**	
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**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	7		
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	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Dwain Stilson 5325 Faraon Street St Joseph, MO 64506 (816) 271-7070

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								13,036,860	52,421	727,605

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 418

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

(A) Name and business address	(B) Description of services	(C) Compensation
Quest Diagnostics PO Box 14730 St Louis, MO 63150	Medical Services	1,531,544
Capital Performance Management 11709 Roe Ave D236 Leawood, KS 662112607	Capital Management	1,287,236
Bird Law Firm PC 1212 Frederick Avenue St Joseph, MO 64501	Attorney services	1,150,000
Kaufman Hall & Associates LLC 8610 Solution Center Chicago, IL 60677	capital advisory services	1,050,502
POLSINELLI SHUGHART PC 3103 FREDRICK AVENUE St Joseph, MO 64506	ATTORNEY SERVICES	770,871

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 53

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 355,545			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	355,545			
Program Service Revenue		Business Code			
	2a Net Patient Service Revenue	621110	586,100,000	586,100,000	
	b 340B Pharmacy Revenue	621110	47,050,002	47,050,002	
	c				
	d				
	e				
	f All other program service revenue		0	0	0
	g Total. Add lines 2a–2f . . . . ▶	633,150,002			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	14,927,245			14,927,245
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real / (ii) Personal			
	6a Gross rents	786,076			
	b Less rental expenses	390,393			
	c Rental income or (loss)	395,683 / 0			
	d Net rental income or (loss) . . . . . ▶	395,683		128,963	266,720
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	289,943,856			
	b Less cost or other basis and sales expenses	281,073,856			
	c Gain or (loss)	8,870,000 / 0			
	d Net gain or (loss) . . . . . ▶	8,870,000			8,870,000
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a Referral Lab	621511	5,202,168	5,137,910	64,258
	b Cafeteria	722514	2,868,431	2,868,431	
	c Copying Revenue	561439	489,736	489,736	
	d All other revenue		2,573,327	2,528,526	44,801
	e Total. Add lines 11a–11d . . . . . ▶		11,133,662		
	12 Total revenue. See Instructions . . . . . ▶		668,832,137	644,174,605	238,022

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	53,842,112	53,842,112		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,065,210	2,720,639	3,344,571	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	261,553	261,553		
7 Other salaries and wages	262,965,206	246,344,541	16,564,504	56,161
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,586,164	6,169,132	1,415,403	1,629
9 Other employee benefits	34,690,522	33,848,859	827,680	13,983
10 Payroll taxes	16,112,848	14,904,973	1,204,044	3,831
11 Fees for services (non-employees)				
a Management	27,787	27,787		
b Legal	1,290,022		1,290,022	
c Accounting	285,646		285,646	
d Lobbying	106,500	106,500		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,568,451	34,118,016	5,450,019	416
12 Advertising and promotion	1,639,840	174,423	1,465,417	
13 Office expenses	21,505,344	16,590,436	4,785,272	129,636
14 Information technology	12,675,023	11,814,380	848,771	11,872
15 Royalties . .				
16 Occupancy	10,103,199	8,029,414	2,044,430	29,355
17 Travel	568,682	492,730	54,469	21,483
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,059,563	857,294	202,269	
20 Interest	6,534,181	96,776	6,437,405	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	23,514,116	22,195,917	1,318,199	
23 Insurance . . .	5,898,994	5,670,310	228,684	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies/Includes 340B	110,255,235	110,254,848		387
b FRA Taxes	22,863,480	22,863,480		
c Dues & Subscriptions	2,606,614	1,663,738	942,736	140
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	642,026,292	593,047,858	48,709,541	268,893
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	22,237,498	1	18,630,714
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	67,001,634	4	70,509,499
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	7,108,391	7	7,119,066
	8	Inventories for sale or use	7,556,500	8	8,209,765
	9	Prepaid expenses and deferred charges	18,617,583	9	26,149,940
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 628,188,547			
	b	Less accumulated depreciation — 10b: 410,230,823	175,426,543	10c	217,957,724
	11	Investments—publicly traded securities	596,253,501	11	663,420,570
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	7,326,969	13	7,365,960
	14	Intangible assets		14	1,693,373
	15	Other assets See Part IV, line 11	33,696,000	15	52,132,519
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	935,224,619	16	1,073,189,130
Liabilities	17	Accounts payable and accrued expenses	138,050,617	17	136,973,414
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	201,901,083	20	297,204,774
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	3,522,348	25	8,779,059
	26	**Total liabilities.** Add lines 17 through 25	343,474,048	26	442,957,247
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	591,135,833	27	629,232,793
	28	Temporarily restricted net assets	614,738	28	999,090
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	591,750,571	33	630,231,883
	34	Total liabilities and net assets/fund balances	935,224,619	34	1,073,189,130

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	668,832,137
2	Total expenses (must equal Part IX, column (A), line 25)	2	642,026,292
3	Revenue less expenses Subtract line 2 from line 1	3	26,805,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	591,750,571
5	Net unrealized gains (losses) on investments	5	12,876,134
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,200,667
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	630,231,883

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0545289
Name: Heartland Regional Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

HEARTLAND REGIONAL MEDICAL CENTER (Mosaic-St Joseph) IS A 352-BED MEDICAL SURGICAL HOSPITAL LOCATED IN ST JOSEPH, MISSOURI IT SERVES A COMMUNITY OF 77,000 RESIDENTS BECAUSE ST JOSEPH IS A BORDER CITY, IT ALSO PROVIDES SERVICES TO THOSE LIVING IN THE ADJACENT STATES OF KANSAS, NEBRASKA AND IOWA THE ECONOMY OF THE REGION IS BASED ON AGRICULTURE, MINOR MANUFACTURING AND SMALL BUSINESSES RESULTING IN A PAYOR MIX FOR MOSAIC-ST JOSEPH APPROXIMATELY 70 79% GOVERNMENTAL OR Self-PAY PATIENTS 18 9% OF THE POPULATION HAVE INCOME THAT IS BELOW THE FEDERAL POVERTY LEVEL MOSAIC-ST JOSEPH PROVIDES A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING CARDIO-THORACIC, VASCULAR, ORTHOPEDIC AND GENERAL SURGERIES, MENTAL HEALTH SERVICES, ALONG WITH A FULL ARRAY OF DIAGNOSTIC AND THERAPEUTIC SERVICES IT OPERATES A 24-HOUR EMERGENCY ROOM DESIGNATED AS A TRAUMA II CENTER BY THE STATE OF MISSOURI MOSAIC-ST JOSEPH'S OBSTETRICS DEPARTMENT PROVIDES 18 LABOR, DELIVERY, RECOVERY AND POST-PARTUM BEDS WHICH ARE ALSO DESIGNATED AS A LEVEL II CENTER THE HOSPITAL PROVIDES RADIATION ONCOLOGY SERVICES, HOME HEALTH VISITS AND HOSPICE CARE THE ORGANIZATION IS A MEMBER OF THE MAYO NETWORK FOR CLINICAL CONSULTATIONS DURING THE YEAR, APPROXIMATELY 16,500 PATIENTS WERE ADMITTED TO THE HOSPITAL RESULTING IN APPROXIMATELY 70,000 PATIENT DAYS A TOTAL OF APPROXIMATELY 10,500 SURGERIES WERE PERFORMED, THE EMERGENCY ROOM SERVED APPROXIMATELY 54,000 PATIENTS AND APPROXIMATELY 139,500 VISITS WERE GENERATED BY OUTPATIENTS MOSAIC-ST JOSEPH EMPLOYS APPROXIMATELY 4,400 FULL-TIME EQUIVALENT CARE GIVERS THE MEDICAL STAFF INCLUDES APPROXIMATELY 270 PROVIDERS COVERING PRIMARY CARE AND SPECIALTY CLINICS FOR APPROXIMATELY 33 LOCATIONS THROUGHOUT THE REGION THERE WERE APPROXIMATELY 590,000 CLINIC PATIENT VISITS DURING THE YEAR OTHER PROGRAM SERVICES MOSAIC-ST JOSEPH HAS A 340B DESIGNATION FROM HEALTH RESOURCES AND SERVICES ADMINISTRATION (FEDERAL GOVERNMENT) THIS ALLOWS THE MEDICAL CENTER TO RECEIVE OUTPATIENT DRUGS AT REDUCED PRICES FROM THE DRUG MANUFACTURERS THE 340B PROGRAM ENABLES COVERED ENTITIES TO STRETCH SCARCE FEDERAL RESOURCES AS FAR AS POSSIBLE, REACHING MORE ELIGIBLE PATIENTS AND PROVIDING MORE COMPREHENSIVE SERVICES THE PROGRAM IS AVAILABLE TO HOSPITALS THAT PROVIDE CARE FOR A DISPROPORTIONATE NUMBER OF PATIENTS THAT RANGE FROM NO INCOME TO LOW INCOME

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Laney MD Director/President/Mosaic Health System CEO	32 0 ..... 4 0	X		X				1,485,460	0	25,971
Brian Bradley Director (Until 12/2018)	1 0 ..... 1 0	X						2,500	0	0
Gary Frazer Director (As of 01/2018)	1 0 ..... 1 0	X						2,500	0	0
Lucinda Hayden MD Director (As of 1/2017)(Until 12/2019)	39 0 ..... 1 0	X						574,661	0	25,777
Matt Baker Director (As of 6/2019)	1 0 ..... 3 0	X						0	0	0
Daniel Heckman Director	1 0 ..... 1 0	X						2,500	0	0
Chris Looney MD Director/Chair (As of 1/2003)	1 0 ..... 1 0	X						45,029	0	0
Matt Lukens MD Director (As of 01/2018)	39 0 ..... 1 0	X						655,793	0	35,067
Serena Naylor Director/Vice Chair	1 0 ..... 4 0	X						2,500	0	0
Thomas Richmond Director (As of 1/2019)	1 0 ..... 2 0	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ophelia Lavell Rucker Director	1 0 ..... 1 0	X						2,500	0	0
Sterett Schanze Director (As of 01/2017)	1 0 ..... 1 0	X						2,500	0	0
Brenda Sharpe Director (Until 12/2018)	1 0 ..... 1 0	X						2,500	0	0
Melody Smith Director (As of 1/2019)	1 0 ..... 1 0	X						0	0	0
Adam Stein Director	1 0 ..... 1 0	X						2,500	0	0
Barbara Wurtzler Director/Chair/Vice Chair (Until 12/2018)	1 0 ..... 1 0	X						2,500	0	0
Karen Dittemore Assistant Secretary	38 0 ..... 2 0			X				73,108	0	12,104
Michael Pulido COO/Secretary	32 0 ..... 4 0			X				685,830	0	147,227
Dwain Stilson CFO/Treasurer	32 0 ..... 5 0			X				661,558	0	36,467
Brady D Dubois President of Mosaic Hospitals	37 0 ..... 3 0				X			399,104	0	85,346

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brennan Lehman Chief Information Officer	38 0 0				X			399,693	0	65,888
Julee Thompson Chief Nursing Executive	40 0 0				X			361,498	0	22,846
Davin Turner DO Clinic President	38 0 2 0				X			544,411	0	81,597
Rony M Abou-Jawde MD Staff Physician	40 0 0					X		1,182,895	0	34,197
Joshua Nelson MD Staff Physician	40 0 0					X		1,367,820	0	13,690
Robert Grant DO Staff Physician	40 0 0					X		978,192	0	37,897
Bonnie Goins MD Staff Physician	40 0 0					X		1,094,493	0	23,000
Hemant K Sheth MD Staff Physician	40 0 0 0					X		1,033,554	52,421	29,900
Curt Kretzinger Former COO (Until 01/2017)	40 0 0 0						X	512,184	0	16,015
John P Wilson Former Secretary/Treasurer (until 01/2017)	40 0 0 0						X	352,360	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Olson MD Former Director/Physician (Until 12/2016)	40 0 ..... 0 0						X	606,717	0	34,618

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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

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

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0545289
Name: Heartland Regional Medical Center

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133027280

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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 function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ 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-
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(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?		No	
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?	Yes		141,033
j	Total Add lines 1c through 1i			141,033
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 carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	PORTION OF DUES PAID TO HOSPITAL ASSOCIATIONS THAT ARE USED FOR LOBBYING PURPOSES BY THE HOSPITAL ASSOCIATIONS 29 10% of the membership dues paid to the Missouri Hospital Association are used for lobbying activities 22 73% of the membership dues paid to the American Hospital Association are used for lobbying activities In addition, Heartland Regional Medical Center (Mosaic St Joseph) CONTRACTS WITH VARIOUS PARTIES FOR LEGISLATIVE LOBBYING IN SUPPORT OF HOSPITAL REIMBURSEMENT AND COMMUNITY SUPPORT

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,478,727		14,478,727
b Buildings		327,273,177	184,512,959	142,760,218
c Leasehold improvements		20,775,886	14,804,615	5,971,271
d Equipment		252,224,337	210,913,249	41,311,088
e Other		13,436,420		13,436,420
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				217,957,724

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Derivative Instruments	0
Other Liabilities	8,779,059
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,779,059

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0545289
Name: Heartland Regional Medical Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Mosaic Health System, Heartland Regional Medical Center (Mosaic-St Joseph), Mosaic Medica l Center-Maryville (Mosaic-Maryville), Northwest Medical Center Association, Inc (Mosaic-Albany), Heartland Long-Term Acute Care Hospital (HLTACH), Heartland Foundation, and North west Medical Center Foundation (NMC Foundation) are nonprofit corporations described in Se ction 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on r elated income pursuant to Section 501(a) of the Internal Revenue Code However, they are s ubject to federal income tax on any unrelated business taxable income Midwestern Health M anagement, Inc (Midwestern) and HHS Properties, Inc are subject to income taxation Vill age at Burlington Creek Office, LLC is a limited liability company that is taxed as a part nership With a few exceptions, Mosaic is no longer subject to U S federal, state and loc al income tax examinations by tax authorities for years before 2015 At June 30, 2019, net operating loss carryforwards available to offset future taxable income for these entities aggregated approximately $15,900 and expire through 2038 Separate return limitation rest rictions apply to a portion of these net operating loss carryforwards Tax positions are n ot offset or aggregated with other positions Tax positions that meet the more-likely-than -not recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority The por tion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for uncertain tax benefits in the accompany ing balance sheet along with any associated interest and penalties that would be payable t o the taxing authorities upon examination As of June 30, 2019 and 2018, there were no unc ertain tax positions identified and recorded as a liability

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean				Investments	29,595,921
3a Sub-total	0	0			29,595,921
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			29,595,921

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, 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 hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's 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	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	33,635,736	0	33,635,736	5 68 %
b Medicaid (from Worksheet 3, column a)	0	0	87,648,031	66,337,784	21,310,247	3 60 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	121,283,767	66,337,784	54,945,983	9 27 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	4,813,167	362,506	4,450,661	0 75 %
f Health professions education (from Worksheet 5)	0	0	122,033	0	122,033	0 02 %
g Subsidized health services (from Worksheet 6)	0	0	247,971	0	247,971	0 04 %
h Research (from Worksheet 7)	0	0	707,711	54,446	653,265	0 11 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	2,418,884	0	2,418,884	0 41 %
j **Total.** Other Benefits	0	0	8,309,766	416,952	7,892,814	1 33 %
k **Total.** Add lines 7d and 7j	0	0	129,593,533	66,754,736	62,838,797	10 60 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	26,268	0	26,268	0 %
2 Economic development	0	0	128,825	0	128,825	0 02 %
3 Community support	0	0	341,529	0	341,529	0 06 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	0	0	0	0	0	0 %
7 Community health improvement advocacy	0	0	0	0	0	0 %
8 Workforce development	0	0	0	0	0	0 %
9 Other	0	0	0	0	0	0 %
10 Total	0	0	496,622	0	496,622	0 08 %

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 Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	18,846,983		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	152,836,943		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	189,047,750		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-36,210,807		
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Heartland Regional Medical Center

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //www mymlc com/GENERAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ST-JOSEPH-CHNA/			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) https //www mymlc com/GENERAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ST-JOSEPH-CHNA/			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Heartland Regional Medical Center

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 300 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) See Schedule O			
b	☑ The FAP application form was widely available on a website (list url) See Schedule O			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Schedule O			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Heartland Regional Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Heartland Regional Medical Center

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **33**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
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10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f	Heartland Regional Medical Center (Mosaic-St Joseph) did not report bad debt expense as part of operating expenses for health professions education for year ended 06/30/19

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	Not Applicable

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	Not applicable

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC ARE INCLUDED IN SUBSIDIZED HEALTH SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	0

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS THE COST TO CHARGE RATIO DERIVED FROM THE CALCULATIONS FROM WORKSHEET 2 FINANCIAL ASSISTANCE AT COST WAS $33,600,000 AND $25,900,000 FOR YEARS ENDED 6/30/19 AND 6/30/18, RESPECTIVELY MEDICAID NET COMMUNITY BENEFIT EXPENSE WAS $21,400,000 AND $17,800,000 FOR YEARS ENDED 6/30/19 AND 6/30/18, RESPECTIVELY THE MEDICAL CENTER RECEIVES REIMBURSEMENT FROM THE MEDICAID PROGRAM IN RELATION TO THE PERCENTAGE OF MEDICAID AND INDIGENT POPULATION THEY SERVE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Heartland Regional Medical Center (Mosaic-St Joseph) COMMUNITY BUILDING ACTIVITIES PROMOTED THE HEALTH OF THE COMMUNITIES SERVED BY PROVIDING ECONOMIC SUPPORT TO HELP RE-VITALIZE THE DOWNTOWN ST JOSEPH AREA AND FACILITATE JOB GROWTH THROUGHOUT THE GREATER ST JOSEPH AREA AMONG OTHER COMMUNITY BUILDING ACTIVITIES, Mosaic-St Joseph FUNDS AND MAINTAINS A TEAM FOCUSED ON DISASTER READINESS, COORDINATION AND RELIEF

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Heartland Regional Medical Center (Mosaic-St Joseph) calculates bad debt expense at the established rate as reported in patient service revenue in the audited financial statements Discounts provided by third-party payors on patient accounts are written off as contractual allowances Payments received on an account previously written off to bad debt expense are credited to a bad debt recovery account

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Heartland Regional Medical Center (Mosaic-St Joseph) adopted a new charity care assessment system during the tax year-ended June 30, 2019 that assists the organization in identifying patients who are eligible for financial assistance under the organization's financial assistance policy (FAP) As a result, Mosaic-St Joseph reported zero dollars for the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE BAD DEBT EXPENSE FOOTNOTE IS ON PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS SEE ALSO THE PARAGRAPH IN THE CHARITY CARE FOOTNOTE ON PAGE 16

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO DIRECTLY FROM THE MEDICARE COST REPORT WHICH RESULTS IN A SHORTFALL OF COVERING THE HOSPITAL'S COST OF TREATING MEDICARE PATIENTS THIS SHORTFALL, IN ADDITION TO NON-PAYMENT BY MEDICARE RECIPIENTS FOR THEIR DEDUCTIBLE AND COINSURANCE AMOUNT INCREASES FINANCIAL ASSISTANCE AND BAD DEBT Mosaic-St Joseph PROVIDES SERVICES TO ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THE COST OF PROVIDING CARE TO THEM MAY EXCEED THE REIMBURSEMENT FROM MEDICARE FOR THE SERVICES PROVIDED THE SHORTFALL OF COSTS, FINANCIAL ASSISTANCE AND BAD DEBT IS CONSIDERED TO BE A COMMUNITY BENEFIT BECAUSE THE HOSPITAL IS ABSORBING THE COST OF PROVIDING CARE TO THE ELDERLY AND DISABLED IN THE COMMUNITY IN ADDITION, THIS COINCIDES WITH THE IRS REVENUE RULING 69-545, WHICH provides general requirements for tax exemption, along with section 501(c)(3)

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Heartland Regional Medical Center's (Mosaic-St Joseph) FINANCIAL ASSISTANCE POLICY CONTAI NS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO QUALIFY FOR FINANCIA L ASSISTANCE ONLY ACCORDING TO THIS POLICY, FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA ARE BASED ON RESIDENCY, GROSS HOUSEHOLD INCOME & HOUSEHOLD SIZE APPLYING FOR FINANCIAL ASSIS TANCE Patients will be informed of the Mosaic Life Care Financial Assistance Policy and th e process for submitting an application to determine if the patient or guarantor is eligi ble for financial assistance, Mosaic Life Care asks for the necessary information and docu ments to prove household size, income, and residency A completed application for financia l assistance should be submitted within 240 days from the date of the first post-discharge billing statement Mosaic Life Care will make reasonable efforts to explain the Medicaid benefits, the health insurance exchange and coverage, and other public and private coverag e that may apply Mosaic Life Care will also provide the details of these programs and off er to help patients and guarantors apply for them as well as, private programs and COBRA c overage Once the patient or guarantor is screened to be potentially eligible for any of t hese programs, public or private, Mosaic Life Care expects him or her to apply If a patie nt or guarantor chooses not to apply, he or she may be denied financial assistance If the patient or guarantor is potentially eligible for any third-party coverage, he or she must provide documentation of approval or denial of that third-party coverage before a Mosaic Life Care financial assistance application will be accepted Information on the Mosaic Lif e Care Financial Assistance Policy will be communicated to patients in a culturally approp riate language Information about the policy will be translated in the most prevalent lang uages in the Mosaic Life Care primary service area COLLECTION ACTIONS TAKEN IN EVENT OF N ON-PAYMENT No account will be subject to collection actions within 120 days of issuing the first post-discharge statement and without first making reasonable efforts to determine w hether the patient is eligible for financial assistance No extraordinary collection actio ns will be pursued against a patient if the patient or guarantor has provided documentatio n showing that an application has been submitted for Medicaid or other publicly sponsored health programs, and that an eligibility determination is still pending If a statement is sent to a patient or guarantor, and mail is returned as undelivered, Mosaic Life Care wil l attempt to find a correct address If the correct address cannot be found, Mosaic Life C are will attempt to contact the patient or guarantor by telephone at the number listed by the patient or guarantor If efforts to communicate with the patient or guarantor fail, ac counts will be sent to a collection agency Reasonable efforts to inform patient of financ ial assistance Prior to sending an account to a collection agency, the patient or guaranto r will generally receive a minimum of four written statements (includes the first post-dis charge statement and three subsequent statements) These statements will include a telepho ne number for information on paying patient balances and a notice about financial assistan ce If an agreement has not been made to resolve the account, the fourth and final stateme nt will be sent to the patient or guarantor This statement acts as a notice to the accoun t owner of the amount owed to Mosaic Life Care and that the account will be placed with a third-party collection agency in 30 days This statement will include a plain language sum mary and will outline any collection actions that may be taken if a plan is not put in pla ce to settle the account There are other times when accounts may be placed in collections including when 1 The patient or guarantor has not made timely payments according to the agreed-upon payment plan 2 The patient or guarantor has received a financial assistance discount but is no longer working with Mosaic Life Care in good faith to pay off the remai ning amount owed Extraordinary collection activities Once an account is with the collecti on agency, the following actions may be taken to make sure debt for services and care is p aid They are "Extraordinary Collection Activities " 1 Seizing the patient's or guarantor 's bank account 2 Civil actions 3 Property liens 4 Garnishing of wages 5 Reporting adv erse information to credit bureaus Before "Extraordinary Collection Activities" can begin, the account must be reviewed, and approval must be given by Mosaic Life Care Patient Bill ing Leadership When one of these actions is to be taken against a patient or guarantor, t he patient or guarantor will be given a 30-day written notice of the action to be taken T he patient or guarantor will also be informed of the Mosaic Life Care Financial Assistance Policy and how to apply for it A plain language

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	summary of the Financial Assistance Policy will be included with the notice ENFORCEMENT M osaic Life Care staff are expected to uphold the highest ethical standards All business m ust be conducted in the name of the caller or mosaic life care Everything a staff member says must be true and correct using a professional approach The staff as well as, all thi rd-party vendors working on behalf of Mosaic life care, will uphold and adhere to the Fair Debt Collection Practices Act

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Heartland Regional Medical Center Line 16a URL See Schedule O,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Heartland Regional Medical Center Line 16b URL See Schedule O,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Heartland Regional Medical Center Line 16c URL See Schedule O,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Heartland Regional Medical Center (Mosaic-St Joseph) HAS A ROBUST APPROACH FOR ASSESSING THE NEEDS OF THE COMMUNITIES IT SERVES THIS ONGOING COMMITMENT INCLUDES COLLABORATING WITH LOCAL GROUPS, SCHOOL DISTRICTS AND CITY AND COUNTY AGENCIES TO IDENTIFY NEEDS, PROMOTE HEALTHY LIVING, ASSURE THAT AFFORDABLE MEDICAL SERVICES ARE AVAILABLE, DEVELOP STRATEGIES FOR IMPROVING EDUCATION AND ECONOMIC STRENGTH, AND PROVIDING ONGOING SUPPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Heartland Regional Medical Center (Mosaic-St Joseph) INFORMS AND EDUCATES PATIENTS AND GUARANTORS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEGINNING AT THE REGISTRATION DESK AND CONTINUING WITH FINANCIAL ASSISTANCE INFORMATION BEING INCLUDED ON EVERY BILLING STATEMENT A PATIENT OR GUARANTOR RECEIVES FROM Mosaic-St Joseph GUIDELINES FOR THE PROGRAM ARE AVAILABLE AT EACH REGISTRATION DESK AND ARE INCLUDED IN ALL ADMISSION PACKETS PATIENTS ARE CONTACTED IF THE PATIENT IS EXPECTED TO HAVE A FINANCIAL RESPONSIBILITY FOR THE VISIT A FINANCIAL COUNSELOR ATTEMPTS TO VISIT THE ROOM OF EVERY UNINSURED PATIENT THAT IS ADMITTED TO OUR FACILITY FOR OBSERVATION OR INPATIENT CARE THE COUNSELOR DISCUSSES PAYMENT OPTIONS WITH THE PATIENT AND CAN ASSIST THEM WITH VARIOUS OPTIONS THAT INCLUDE, BUT ARE NOT LIMITED TO, MEDICAID APPLICATION, HEALTH CARE EXCHANGE ELIGIBILITY AND ELIGIBILITY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY COUNSELORS ALSO WORK WITH OUR CARE MANAGEMENT STAFF TO SUPPORT THE DISCHARGE PROCESSES SO THAT FINANCIAL HARDSHIP DOES NOT KEEP THE PATIENT FROM RECEIVING THE APPROPRIATE FOLLOW-UP CARE THIS ASSISTANCE INCLUDES INSTRUCTIONS FOR SCHEDULING AN APPOINTMENT WITH A FINANCIAL COUNSELOR WHO CAN ASSIST THEM IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	THE ORGANIZATION'S PRIMARY AND SECONDARY SERVICE AREA IS AN 18 COUNTY URBAN/RURAL REGION LOCATED IN NORTHWEST MISSOURI AND NORTHEAST KANSAS THE POPULATION IS ELDERLY AND UNDER-INSURED THE LOCAL ECONOMY CONSISTS OF AGRICULTURAL, SMALL MANUFACTURING AND SELF-EMPLOYED BUSINESSES, PRIMARILY BLUE COLLAR WORKERS THE ORGANIZATION SUPPORTS A PAYOR MIX OF APPROXIMATELY 70 76% GOVERNMENTAL OR SELF-PAY PATIENTS 18 9% OF THE POPULATION IS BELOW THE POVERTY LEVEL, 18 7% OF THE POPULATION SMOKES, AND 35 9% HAVE A BODY MASS INDEX GREATER THAN 30 MORE THAN 67 8% OF THE ELEMENTARY AGE STUDENTS RECEIVE FREE OR REDUCED-COST LUNCHES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Heartland Regional Medical Center (Mosaic-St Joseph) is a nonprofit hospital operating to serve a public rather than a private interest and meeting the requirements of Revenue Ruling 69-545 Control of Mosaic-St Joseph rests with its Board, which is primarily composed of members of the community, in addition to a few select employees of Mosaic-St Joseph Mosaic-St Joseph accepts patients paying with Medicaid and Medicare and operates an active and generally accessible emergency room open to all patients without regard to ability to pay Mosaic-St Joseph uses surplus funds to improve the quality of patient care, maintain and improve equipment and facilities, extend service offerings to new areas and provide support to the communities it serves Mosaic-St Joseph promotes health in the St Joseph region in numerous ways Highlighted below are examples in which Mosaic-St Joseph provided direct funding support to the community organizations with like missions THE ORGANIZATION OFFERS MANY EDUCATIONAL PROGRAMS THROUGHOUT THE YEAR TO HELP MAINTAIN A HEALTHY LIFESTYLE THESE ARE WELL-ADVERTISED AND MOST OF THEM ARE FREE OF CHARGE ONE SUCH PROGRAM IS THE POUND PLUNGE FOR THE PAST THIRTEEN YEARS, THE ORGANIZATION HAS SPONSORED THIS THREE-MONTH LONG EVENT TO ENCOURAGE WEIGHT LOSS, EXERCISE AND HEALTHY EATING MORE THAN 27,000 PEOPLE HAVE PARTICIPATED AND OVER 157,000 POUNDS HAVE BEEN LOST AT THE END OF THE PROGRAM IN 2019, 93% OF RESPONDENTS TO THE SURVEY AGREED THAT THE POUND PLUNGE WAS BENEFICIAL TO OUR COMMUNITY, AND 81% AGREED THAT THEY ARE CURRENTLY CONTINUING A HEALTHY LIFESTYLE AS A RESULT OF THE POUND PLUNGE ANOTHER AREA OF FOCUS HAS BEEN IN PREVENTING CHILDHOOD OBESITY SEVERAL YEARS AGO THE ORGANIZATION'S INTERNAL CLINICAL PROTOCOLS ADDRESSING CHILDHOOD OBESITY WERE FOUND TO BE LACKING THIS HAS BEEN RECTIFIED APPROPRIATE PROTOCOLS ARE NOW FULLY ESTABLISHED AND HAVE BEEN GIVEN THE APPROVAL OF THE EVIDENCED-BASED PRACTICE GROUP AND ARE EMBEDDED IN THE ELECTRONIC MEDICAL RECORD ACCOMPANYING THESE ESTABLISHED PROTOCOLS IS A THOROUGH PROVIDER EDUCATION PLAN TO ASSURE THAT THE NEW PROTOCOLS ARE UNDERSTOOD AND USED EDUCATION ON THE 1-2-3-4-5 FIT-TASTIC! GUIDELINES HAVE BEEN PROVIDED TO ALL CLINICS TO ASSURE A CONSISTENT PATIENT EXPERIENCE IN PARTNERSHIP WITH THE ST JOSEPH SCHOOL DISTRICT, THE ORGANIZATION HAS CONTINUED AND EXPANDED THE 4TH GRADE CHALLENGE, WHICH HAS BEEN PROVIDED IN 24 ELEMENTARY SCHOOLS FOR 11 YEARS PRE AND POST PROGRAM SURVEYING OF STUDENTS SHOWED AT LEAST A 51% INCREASE IN KNOWLEDGE OF THE FIT-TASTIC GUIDELINES AFTER COMPLETING THE PROGRAM 90% OF SCHOOL COACHES AGREED THAT THE 4TH GRADE CHALLENGE IS AN EFFECTIVE PROGRAM THAT TEACHES STUDENTS ABOUT HEALTH, EXERCISE AND NUTRITION, AND 81% OF SCHOOL COACHES AGREED THAT THE 4TH GRADE CHALLENGE IS A GREAT HEALTH PROGRAM THAT HELPS FIGHT CHILDHOOD OBESITY IN 2019, THE NUMBER OF SCHOOL AND COMMUNITY GARDENS WAS ACTIVE IN 6 ELEMENTARY SCHOOLS THE GARDENS PRODUCED MORE THAN 31,000 POUNDS OF FRESH PRODUCE OVER THE PAST SEVEN YEARS, ENOUGH TO PROVIDE 23,214 MEALS PROVIDED AT NO COST TO THE COMMUNITY MEMBERS FOR SOME ECONOMICALLY DISADVANTAGED AREAS, THE GARDENS SUPPLY FRUITS AND VEGETABLES TO FAMILIES WHO WOULD NOT HAVE ACCESS TO THEM OTHERWISE IN ADDITION, A PROGRAM CALLED HANDS-ONLY CPR HAS PROVIDED EDUCATION ON LIFE SAVING SKILLS IN PARTNERSHIP WITH BUCHANAN COUNTY EMS TO ALL 5TH GRADERS AT 24 SCHOOLS AND TO APPROXIMATELY 1,500 STUDENTS IN FY19, Mosaic-St Joseph MAINTAINED A POST NATAL PROGRAM IN WHICH A NURSE PREFORMED A CHECK UP ON MOTHER AND BABY AT Mosaic-St Joseph TWO TO THREE DAYS AFTER DELIVERY In addition, the nurse will make follow up phone calls for every patient to arrange follow up care for the babies and setup car seat checks for each infant if desired Lastly, this department provides two hours of support to the breastfeeding group twice a week THIS IS DONE AT NO EXPENSE TO THE PATIENT AND IS A NON-BILLABLE SERVICE THAT IS PROVIDED AS A COMMUNITY BENEFIT THE 340B DRUG PRICING PROGRAM ("340B PROGRAM") ENABLES SAFETY NET HEALTHCARE ORGANIZATIONS SERVING UNINSURED, VULNERABLE AND INDIGENT POPULATIONS TO PURCHASE OUTPATIENT PRESCRIPTION DRUGS AT A DISCOUNT Mosaic-St Joseph HAS PARTICIPATED IN THIS PROGRAM SINCE 2011 THIS PARTICIPATION HAS GENERATED REVENUE FROM THE CONTRACTED RETAIL PHARMACY RELATIONSHIPS ($85M LTD), CURRENTLY THREATENED BY REGULATION CHALLENGES Mosaic-St Joseph HAS RECOGNIZED REDUCED DRUG PRICING FOR OUTPATIENT MEDICATIONS ($69M LTD), CURRENTLY THREATENED BY LEGISLATIVE CHALLENGES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	THE ORGANIZATION IS AFFILIATED, THROUGH A PARENT BOARD, WITH A REGIONAL Medical CENTER Hospital, A COMMUNITY FOUNDATION, A LONG-TERM ACUTE CARE HOSPITAL, A CRITICAL ACCESS RURAL HOSPITAL, A RURAL COMMUNITY FOUNDATION AND A GENERAL MEDICAL AND Surgical HOSPITAL ALL OF WHICH COLLABORATE WITH EDUCATIONAL, GOVERNMENTAL AND LOCAL BUSINESS LEADERS TO IMPLEMENT PROGRAMS TO HELP IMPROVE HEALTH HABITS AND, IN THE LONG-TERM, THE HEALTH OF THE COMMUNITIES SERVED BY THE ORGANIZATION These affiliations include the hospital reported on this tax return THE PARENT BOARD IS COMPRISED OF COMMUNITY LEADERS WHO REPRESENT THE EDUCATIONAL, MEDICAL, GOVERNMENTAL AND BUSINESS SECTORS IN THE COMMUNITY THE COMMUNITY FOUNDATION OVERSEES A NUMBER OF PROGRAMS WORKING TO IMPROVE HEALTH and Educational needs IN THE COMMUNITY The Regional Medical center hospital provides general medical and surgical needs to patients and provides both primary and specialty physicians, in addition to providing emergent and outpatient clinic care for all The Long-term acute care hospital IS A FACILITY DEDICATED TO THE CARE OF PATIENTS WHO HAVE CHRONIC CONDITIONS REQUIRING A LONGER LENGTH OF STAY THAN IS NORMALLY PROVIDED IN AN ACUTE CARE HOSPITAL THE GENERAL MEDICAL and Surgical CARE HOSPITAL PROVIDES ACUTE, EMERGENT AND OUTPATIENT CLINIC CARE FOR ALL THE CRITICAL ACCESS RURAL HOSPITAL PROVIDES ACUTE, EMERGENT AND OUTPATIENT CLINICS ARE FOR THOSE IN THE RURAL COMMUNITY AREA THE RURAL COMMUNITY FOUNDATION SUPPORTS THE CRITICAL ACCESS RURAL HOSPITAL ALL HOSPITAL FACILITIES PROVIDE CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY ALL THE HOSPITAL Organizations MAINTAIN AN ONGOING COMMITMENT TO PROVIDE SUPPORT FOR THE BETTERMENT OF THE COMMUNITY

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0545289
Name: Heartland Regional Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Heartland Regional Medical Center 5325 Faraon Street St Joseph, MO 64506 www mymlc com/Main/Location/st-joseph-mo/mosaic-medical-center-st -joseph/ 426-23	X	X					X		Pharmacist Intern Program	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs of the community are a prioritized description of various factors including - health and quality of life, - barriers to improving community health, - health disparities and - important health issues These significant health needs are identified through The Community Health Needs Assessment (CHNA)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - HEARTLAND REGIONAL MEDICAL CENTER (Mosaic-St Joseph) The Community Health Needs Assessment (CHNA) was jointly prepared by Mosaic-St Joseph and Heartland Long Term Acute Care Hospital (HLTACH) THE CHNA WAS CONDUCTED During tax year 2018 TO DETERMINE SE RVICES NEEDED BY THE MEDICALLY UNDERSERVED The following three needs were chosen to be ad dressed over the next three years - Mental/Behavioral Health, - Substance Use, - Access t o Care for Uninsured and Low-Income Persons TO ENSURE INPUT WAS TAKEN INTO ACCOUNT FROM PE RSONS WHO REPRESENT THE COMMUNITY, Mosaic-St Joseph UTILIZED AN INDEPENDENT CONSULTING FI RM NAMED CROWE, LLP THIS FIRM helped CONDUCT key stakeholder interviews, provider focus g roups and a community survey Key Stakeholder Interviews Community input was obtained thr ough key stakeholder interviews performed with leaders from twenty-four community organiza tions representing public health, public schools, social service organizations and governm ent agencies To assure the medically underserved were represented in this CHNA, interview s were conducted with representatives from the following organizations, BARTLETT CENTER, B IG BROTHERS/BIG SISTERS, Buchanan County SHERIFF'S DEPARTMENT, COMMUNITY ACTION PARTNERSHI P, Community Missions Corporation, CATHOLIC CHARITIES, FAMILY GUIDANCE CENTER, Girls Scout s of Northeast Kansas and Northwest Missouri, INTERSERV, MERIL, MidCity Excellence Center, NORTHWEST HEALTH SERVICES, SECOND HARVEST Community Food Bank, SOCIAL WELFARE BOARD, St J oseph HABITAT FOR HUMANITY, ST JOSEPH HEALTH DEPARTMENT, ST JOSEPH SCHOOL DISTRICT, ST JOS EPH TRANSIT, St Joseph UNITED WAY, St Joseph YOUTH ALLIANCE, St Joseph YMCA, St Joseph YWC A, United Cerebral Palsy and Voices of Courage-Child Advocacy Center These key stakeholde r interviews were conducted between October 17th and 19th, 2018 To assure that medically underserved were included in this CHNA, interviews were conducted with agencies serving ne ighborhoods where median household incomes are very low or unemployed, as well as agencies providing services related to mental health, persons who are homeless, victims of domesti c violence, elderly and persons with disabilities Provider Focus Groups Three focus grou ps were conducted between October 17th and 19th, 2018, to obtain input from Mosaic-St Jos eph's and HLTACH's leadership team as well as physicians and other clinical providers empl oyed by the organizations One focus group was comprised of members from the organization' s leadership Additionally, two focus groups were conducted with clinical providers employ ed by the organizations including physicians, registered nurses, counselors and other medi cal providers In total, 49 individuals participated in the three focus group sessions Fo cus groups explored four areas to identify significant health needs of the community as we ll as potential ways to address identified needs The areas included 1) health and qualit y of life, 2) barriers to imp

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	roving community health, 3) health disparities and 4) significant health issues Commun ity Health Survey In order to develop a broad understanding of community health needs, Mo saic-St Joseph and HLTACH conducted a community survey in November 2018 A link to the su rvey was distributed via e-mail, social media and word of mouth to the community at-large A total of 681 surveys were completed The majority of respondents were White/Caucasian (97%), 1% of the respondents identified as Black or African American and 1% identified as H ispanic or Latino The remaining 1% identified with other racial or ethnic identities THE SAMPLE INCLUDED MEN AND WOMEN, 18 AND OVER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Heartland Long Term Acute Care Hospital (HLTACH) Heartland Regional Medical Center (Mosaic-St Joseph) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT AND ADOPTED AN IMPLEMENTATION STRATEGY WITH Heartland Long Term Acute Care Hospital (HLTACH), A RELATED ORGANIZATION

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - HEARTLAND REGIONAL MEDICAL CENTER (Mosaic-St Joseph) THE COMMUNITY HEALT H NEEDS ASSESSMENT WAS CONDUCTED AND AN IMPLEMENTATION PLAN FOR ADDRESSING THE IDENTIFIED NEEDS WAS ADOPTED IN THE 2018 TAX YEAR THE TOP THREE SIGNIFICANT NEEDS IDENTIFIED WERE 1) Mental/Behavioral Health, 2) Substance Use, AND 3) Access to Care for Uninsured and Low- Income Persons Mosaic-St Joseph's ROLE IS MUCH MORE THAN BEING A HOSPITAL IT IS A FULLY ENGAGED COMMUNITY PARTNER STRIVING TO ADDRESS THE UNIQUE HEALTH AND SOCIAL ISSUES THAT CH ALLENGE THE REGION MANAGEMENT RECOGNIZES THAT THE COMMUNITY'S MAJOR HEALTH PROBLEMS STEM, IN LARGE PART, FROM SOCIAL DETERMINANTS OF HEALTH SOCIAL DETERMINANTS THAT AFFECT ACCESS TO HEALTH CARE (HEALTHY PEOPLE 2020 FRAMEWORK) INCLUDE ECONOMIC STABILITY, POVERTY, EMPL OYMENT, FOOD SECURITY, HOUSING STABILITY, EDUCATION, HIGH SCHOOL GRADUATION, ENROLLMENT IN HIGHER EDUCATION, LANGUAGE AND LITERACY, EARLY CHILDHOOD, NEIGHBORHOOD AND BUILT ENVIRONM ENT, ACCESS TO HEALTHY FOOD, QUALITY OF HOUSING, CRIME AND VIOLENCE, ENVIRONMENTAL CONDITI ONS, CIVIC PARTICIPATION, PERCEPTIONS OF DISCRIMINATION/EQUITY, AND INCARCERATION/INSTITUT IONALIZATION TO POSITIVELY IMPACT THE SOCIAL DETERMINANTS OF HEALTH, Mosaic-St Joseph cr eated THE COMMUNITY CONNECT PROGRAM FOR POPULATION HEALTH COMMUNITY CONNECT IS A REQUEST FOR PROPOSAL (RFP) PROCESS IN WHICH NONPROFIT COMMUNITY ORGANIZATIONS MAY APPLY FOR FUNDIN G TO IMPLEMENT INNOVATIVE PROGRAMS THAT ADDRESS ONE OR MORE OF THE THREE PRIMARY HEALTH NE EDS AS DETERMINED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY CONNECT IS AN IMPORT ANT PART OF THE FY2020-FY2023 CHNA ACTION PLAN TO FULLY MEET THE NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT, Mosaic-St Joseph IMPLEMENTED A THREE-YEAR ACTION PLAN COMPRISED OF THE FOLLOWING COMPONENTS SIGNIFICANT NEED #1 Mental Health PLAN A) Mosaic will provide financial support to organizations providing mental health support to the hom eless community, through the Urban Mission Collaborative Project B) Mosaic will partner f inancially with the St Joseph School District to implement an anti-bullying campaign C) The 4th Grade Challenge will incorporate a mental health education session D) Mosaic Life Care's Spiritual Health Department will provide ongoing education on trauma to the commun ity The initial presentation was "IMPACT OF TRAUMA ON THE HUMAN SPIRIT " This event will be presented yearly and is open to the public SIGNIFICANT NEED #2 Substance Abuse PLAN A) Mosaic will provide financial support to organizations providing substance abuse counse ling and treatment to the community through the Urban Mission Collaborative Project SIGNI FICANT NEED #3 Access to Care for Uninsured and Low- Income Persons PLAN A) Mosaic will provide financial support to organizations that are part of the Urban Mission Collaborativ e Project, which is providing access support to the homeless community B) Mosaic will ope rate and provide all financial

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	support for a school-based clinic in a Title 1 school To increase access to care for chi ldren, The Community Clinic at Carden Park opened on October 23, 2017, providing well-chil d exams for children at school This School Based Health Clinic is the result of the partn ership between the St Joseph School District and Mosaic Life Care The Mosaic team has se en over 300 patients since opening, has made numerous referrals for further treatment and has helped students break down barriers to attendance Although based out of the school nu rse's office at Carden Park, this clinic serves all SJSD students In addition to providin g well child examinations and seeing children who are sick, The Mosaic team has fulfilled stringent requirements needed for the clinic to became VFC certified They can now adminis ter immunizations to students throughout the District The Community Clinic at Carden Park is one of only a handful in the state of Missouri DURING FY19, THE COMMUNITY CONNECT ALL OCATIONS COMMITTEE AWARDED FUNDING OF $950 THOUSAND TO 12 NON-PROFIT COMMUNITY ORGANIZATIO NS WHICH ADDRESSES ONE OR MORE OF THE PRIMARY HEALTH NEEDS FROM THE MOST RECENTLY COMPLETE D COMMUNITY HEALTH NEEDS ASSESSMENT THE COMPLETE CHNA WITH IMPLEMENTATION STRATEGY CAN BE FOUND AT https //www mymlc com/GENERAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ST-JOSEPH-CHNA/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Heartland Regional Medical Center (Mosaic-St Joseph) FINANCIAL COUNSELORS ARE AVAILABLE ONSITE TO EXPLAIN AND HELP PATIENTS AND GUARANTORS WITH THE FINANCIAL ASSISTANCE POLICY SEE FINANCIAL ASSISTANCE POLICY FOR A COMPLETE DESCRIPTION OF EFFORTS MADE BEFORE INITIATING COLLECTION ACTIONS

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
1	Cameron Mosaic Life Care 215 South Walnut Street Suite A Cameron, MO 64429	Family Care
1	Mosaic Life Care Clinics 902 North Riverside Road St Joseph, MO 64507	Medical Oncology, Radiation Oncology & Pediatrics
2	Mosaic Life Care Clinics 705 North College Albany, MO 64402	Cardiovascular, General Surgery, Neurology, Podiatry, Vascular Surgery & Women's Health
3	Mosaic Life Care Clinics 2600 Miller Street Bethany, MO 64424	Cardiology, Neurology & Rheumatology
4	Mosaic Life Care Clinics 901 Heartland Road St Joseph, MO 64506	Infectious, Diabetes, Endocrinology, Internal Medicine, Wound, Sleep Disorder & Women's Health
5	Mosaic Life Care Clinics 5301 Faraon Street Suites 160200210 210B St Joseph, MO 64506	Ears Nose & Throat, Pulmonary & Critical Care, Physical Medicine & Rehabilitation
6	Mosaic Life Care Clinics 711 North 36th Street Suite 100 Low er Level St Joseph, MO 64506	Family Care, Home Health, Hospice & Care at Home
7	Mosaic Life Care Clinics 5210 North Belt Highway Entrance B C St Joseph, MO 64506	Family Care & Women's Health
8	Internal Medicine Beck Rd St Joseph 3715 Beck Road Building F St Joseph, MO 64506	Internal Medicine
9	Mosaic Life Care Clinics 5514 Corporate Drive Suites 120 150 St Joseph, MO 64507	Cardiovascular & Internal Medicine
10	Mosaic Life Care Clinics 105 Far West Drive Suites 100 201 2 02 St Joseph, MO 64506	Internal Medicine, Pediatrics, Family Care, Neurology & Outpatient Behavior Health
11	Mosaic Life Care Clinics 802 North Riverside Road St Joseph, MO 64506	Bariatric, Breast, CardioThoracic Surgery, General Surgery,Pain Management,Physical Medicine & Rehab
12	Medical Oncology Mosaic Life Care 1610 East Evergreen Suite B Cameron, MO 64429	Medical Oncology
13	Mosaic Life Care Clinics 2016 South Main Maryville, MO 64468	Medical Oncology & Neuro Surgery
14	Mosaic Life Care Hospice at Stanberry 307 Pineview Pine View Manor Rm 507 Stanberry, MO 64489	Hospice

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
16	Mosaic Family Care - Albany 1607 East US Highway 136 Albany, MO 64402	Family Care
1	Mosaic Life Care Clinics 3620 Fredrick Avenue St Joseph, MO 64506	Outpatient Imaging & Counseling Care
2	OP Therapy Frederick Ave St Joseph 3107 Frederick Avenue Lower Level St Joseph, MO 64506	Outpatient Therapy
3	Mosaic Life Care Clinics 3007 North Belt Highway St Joseph, MO 64506	Outpatient Therapy & Chiropractic Care
4	Plastic Surgery & Dermatology Mosaic 5204 North Belt Highway Suite A St Joseph, MO 64506	Plastic Surgery & Dermatology
5	Podiatry St Joseph Mosaic Life Care 5202 Faraon Street Suite A St Joseph, MO 64506	Podiatry
6	Mosaic Life Care Clinics 1600 East Evergreen PO Box 557 Cameron, MO 64429	Rheumatology, Pulmonary & Critical Care
7	Mosaic Life Care Clinics 2024 South Main Street Maryville, MO 64468	Ear Nose & Throat, Neurology, Podiatry, Pulmonary & Critical Care
8	Mosaic Life Care Clinics 1701 East 9th Street Trenton, MO 64683	Family Care
9	Urgent Care St Joseph Mosaic Life Care 1115 North Belt Highway St Joseph, MO 64506	Urgent Care
10	Mosaic Life Care Clinics 810 Ravenhill Drive Suite 103 Atchison, KS 66002	Specialties
11	Mosaic Life Care Clinics 104 North 6th Atchison, KS 66002	Medical Oncology
12	Hiawatha Mosaic Life Care 300 Utah Hiawatha, KS 66434	Family Care
13	Troy Mosaic Life Care 207 South Main Troy, KS 66087	Family Care
14	Endocrinology Mosaic Life Care 220 Essie Davison Drive Clarinda, IA 51632	Endocrinology

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
31	Mosaic Life Care Clinics 1301 North 3rd Atchison, KS 66002	Specialties
1	Endocrinology Mosaic Life Care 820 Raven Hill Drive Atchison, KS 66002	Endocrinology
2	Mosaic Life Care at St Joseph Nephrology 1009 West St Maarten Drive St Joseph, MO 64506	Nephrology

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 28

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II Line 2	Missouri Western State University Foundation
Schedule I, Part II Line 11	Big Brothers Big Sisters of Greater St Joseph
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The organization is committed to the development of a healthy community Grants are provided to local groups that achieve these objectives generally our officers, directors or employees are in a volunteer position or are a board member of the recipient organization The recipients are required to submit quarterly reports to Heartland Regional Medical Center detailing the program's expenditures and progress toward the stated goals Heartland Regional Medical Center's Advocacy department monitors the progress

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0545289
Name: Heartland Regional Medical Center

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Heartland Foundation 5325 Faraon Street St Joseph, MO 64506	43-1262768	501c3	597,922				General Support
MWSU Foundation 5425 DOWNS DRIVE St Joseph, MO 64507	23-7035423	501c3	469,950				Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Missions Corporation 700 Olive Street St Joseph, MO 64501	90-0180479	501C3	200,000				General Support
United Way of Greater St Joseph 118 South 5TH STREET St Joseph, MO 64501	44-0547802	501C3	182,410				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Crossing Outreach 701 South 8th Street St Joseph, MO 64501	46-4195177	501C3	152,000				General Support
Second Harvest Community Food Bank 915 DOUGLAS Street St Joseph, MO 64505	43-1268319	501C3	150,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Habitat for Humanity PO Box 6528 St Joseph, MO 64506	43-1733608	501C3	125,500				General Support
Young Women's Christian Association 304 North 8TH Street St Joseph, MO 64501	44-0552219	501C3	108,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Legal Aid of Western Missouri 1125 Grand Blvd Kansas City, MO 64106	43-0824638	501C3	91,000				General Support
Catholic Charities of KC 1302 Faraon Street St Joseph, MO 64501	43-0887779	501C3	60,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BBBS of Greater St Joseph 1202 South 28th Street St Joseph, MO 64507	44-0666362	501C3	59,000				General Support
Pivotal Point 3000 Parkway A St Joseph, MO 64507	27-1481997	501C3	50,750				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Family Guidance Center for Behavioral Healthcare 724 North 22ND Street St Joseph, MO 64506	44-0666362	501C3	50,000				General Support
Samaritan Counseling Center Inc 902 Edmond Street Suite 203 St Joseph, MO 64501	43-1615018	501C3	40,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bartlett Center Youth Programs 409 South 18th Street St Joseph, MO 64501	23-7116216	501C3	30,000				General Support
St Joseph Area Chamber of Commerce 3003 Frederick Avenue St Joseph, MO 64506	44-0419460	501c6	29,425				Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Faith in Action 2711 Ashland Avenue St Joseph, MO 64506	44-0653008	501C3	20,000				General Support
Northwest Missouri Childrens Advocacy Center 1807 Woodbine Road St Joseph, MO 64506	43-1910148	501C3	13,100				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Albrecht-Kemper Museum of Art Foundations 2818 FREDERICK St Joseph, MO 64506	43-1855334	501C3	10,000				General Support
YMCA of St Joseph Missouri 315 South 6th Street St Joseph, MO 64501	44-0552491	501C3	5,482				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Northwest Missouri United Labor Community Services Agency 1203 North 6th Street St Joseph, MO 64501	43-1496809	501C3	5,000				Sponsorship
Robidoux Resident Theatre 615 South 10th Street St Joseph, MO 64501	43-1257970	501C3	5,000				Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Joseph Museums Inc PO Box 8096 St Joseph, MO 64508	43-6038202	501C3	5,000				Sponsorship
Pony Express Baseball Inc PO Box 1588 St Joseph, MO 64502	27-4437372	501C3	5,000				Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Pony Exprss Museum Inc 914 Penn Street St Joseph, MO 64503	43-1567246	501C3	5,000				Sponsorship
Westminister Free Clinic 5560 Napoleon Avenue Oak Park, CA 91377	77-0563241	501C3	5,000				Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mosaic Medical Center-Maryville 5325 Faraon Street St Joseph, MO 64506	83-2249459	501(C)3	26,402,888				General Support
Mosaic Health System 5325 Faraon Street St Joseph, MO 64506	43-1283316	501(c)(3)	17,727,964				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Northwest Medical Center Association Inc 705 North College Street Albany, MO 64402	44-0580870	501(c)(3)	6,659,481				General Support

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax 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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Compensation Plan	COMPENSATION IS ESTABLISHED BY MOSAIC HEALTH SYSTEM, A RELATED ENTITY, USING THE FOLLOWING 1 COMPENSATION COMMITTEE 2 INDEPENDENT COMPENSATION CONSULTANT 3 COMPENSATION SURVEYS OR STUDIES 4 APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	TRAVEL FOR COMPANIONS IS PAID BY THE Heartland Regional MEDICAL CENTER (Mosaic-St Joseph) BUT IS REIMBURSED TO Mosaic-St Joseph THROUGH BEING DEDUCTED FROM THE BOARD MEMBERS STIPENDS EACH YEAR THE TOTAL AMOUNT OF THE STIPEND IS REFLECTED ON THE BOARD MEMBERS 1099 THAT THEY RECEIVE FOR EACH CALENDAR YEAR

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Due to the confidentiality agreements between the former employees and the organizations, the names and amounts are not disclosed

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DAVIN TURNER, DO - VESTED $58,786 , ACCRUED $47,730 BRENNAN LEHMAN - VESTED $0 , ACCRUED $32,021 BRADY DUBOIS - VESTED $0 , ACCRUED $51,149 MICHAEL PULIDO - VESTED $67,482 , ACCRUED $113,030 THOSE LISTED ABOVE HAVE SIGNED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH RECOGNIZES THE VALUE OF THE INDIVIDUAL AND THE MUTUAL BENEFIT OF CONTINUED EMPLOYMENT FOR AN EXTENDED PERIOD OF TIME BY ESTABLISHING A 457F PLAN THE FOLLOWING ARE THE GENERAL STIPULATIONS OF THE AGREEMENT 1 THE PLAN IS FUNDED YEARLY AS THE RESULT OF A CALCULATION DESCRIBED IN THE AGREEMENT, WHICH WILL REWARD THE INDIVIDUAL WITH 100% VESTING BASED ON A 5-YEAR CLIFF VESTING SCHEDULE 2 DISTRIBUTION WILL OCCUR AT NORMAL RETIREMENT AGE OR UPON DEATH OR UPON SEPARATION FROM SERVICE DUE TO DISABILITY OR UPON INVOLUNTARY SEPARATION FROM SERVICE WITHOUT CAUSE THEN A LUMP SUM PAYMENT WILL BE DISBURSED WITHIN 90 DAYS OF EACH SITUATION TAKING INTO CONSIDERATION A NON-COMPETE COVENANT 3 SEPARATION WITH CAUSE MAKES THE SUPPLEMENTAL EXECUTIVE RETIREMENT AGREEMENT NULL AND VOID

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0545289
Name: Heartland Regional Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Mark Laney MD	(I)	881,882	403,217	200,361	11,000	14,971	1,511,430	0
Director/President/Mosaic Health System CEO	(II)	0	0	0	0	0	0	0
John Olson MD	(I)	545,345	43,556	17,815	11,000	23,618	641,334	0
Former Director/Physician (Until 12/2016)	(II)	0	0	0	0	0	0	0
Lucinda Hayden MD	(I)	429,977	104,991	39,694	11,000	14,777	600,438	0
Director (As of 1/2017)(Until 12/2019)	(II)	0	0	0	0	0	0	0
Matt Lukens MD	(I)	575,008	54,667	26,118	11,000	24,067	690,860	0
Director (As of 01/2018)	(II)	0	0	0	0	0	0	0
Curt Kretzinger	(I)	0	106,963	405,220	0	16,015	528,199	0
Former COO (Until 01/2017)	(II)	0	0	0	0	0	0	0
John P Wilson	(I)	0	0	352,360	0	0	352,360	0
Former Secretary/Treasurer (until 01/2017)	(II)	0	0	0	0	0	0	0
Michael Pulido	(I)	544,266	138,876	2,688	124,030	23,197	833,057	67,482
COO/Secretary	(II)	0	0	0	0	0	0	0
Dwain Stilson	(I)	435,892	224,712	955	11,000	25,467	698,025	0
CFO/Treasurer	(II)	0	0	0	0	0	0	0
Brady D Dubois	(I)	321,009	76,588	1,507	62,149	23,197	484,451	0
President of Mosaic Hospitals	(II)	0	0	0	0	0	0	0
Brennan Lehman	(I)	318,191	79,990	1,512	43,021	22,867	465,581	0
Chief Information Officer	(II)	0	0	0	0	0	0	0
Julee Thompson	(I)	283,170	75,592	2,736	9,177	13,669	384,344	0
Chief Nursing Executive	(II)	0	0	0	0	0	0	0
Davin Turner DO	(I)	425,351	115,922	3,138	58,730	22,867	626,008	58,786
Clinic President	(II)	0	0	0	0	0	0	0
Rony M Abou-Jawde MD	(I)	937,761	210,588	34,547	11,000	23,197	1,217,092	0
Staff Physician	(II)	0	0	0	0	0	0	0
Joshua Nelson MD	(I)	300,980	1,066,374	465	6,700	6,990	1,381,509	0
Staff Physician	(II)	0	0	0	0	0	0	0
Robert Grant DO	(I)	839,498	66,276	72,418	11,000	26,897	1,016,089	0
Staff Physician	(II)	0	0	0	0	0	0	0
Bonnie Goins MD	(I)	938,243	129,250	27,000	8,223	14,777	1,117,493	0
Staff Physician	(II)	0	0	0	0	0	0	0
Hemant K Sheth MD	(I)	693,335	281,172	59,047	7,523	21,223	1,062,300	0
Staff Physician	(II)	52,421	0	0	0	1,154	53,575	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI	43-1178966	60637ACP5	10-03-2012	51,489,534	See Part VI		X		X		X
B	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI	43-1178966	60637ACP5	04-30-2018	44,936,461	See Part VI		X		X		X
C	HEALTH AND EDUCATIONAL FACILITIES AUTHORITY OF THE STATE OF MISSOURI	43-1178966	60637APX4	05-30-2019	251,996,936	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	51,535,780	25,232,246	252,004,873	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	708,053	0	2,176,364	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	50,827,726	4,151,819	47,660,358	
11	Other spent proceeds	1	0	149,768,930	
12	Other unspent proceeds	0	21,080,427	52,399,222	
13	Year of substantial completion	2014			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X			X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X			X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?					X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X				X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %				0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %				0 %		
6	Total of lines 4 and 5		0 %		0 %		0 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		87 27 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I Column (C), Line B	A PORTION OF THE SERIES 2012 BONDS WAS TREATED AS REISSUED ON 4/30/2018 IN CONNECTION WITH A REMEDIAL ACTION UNDER TREASURY REGULATIONS Â§ 1 141-12(e)

Return Reference	Explanation
Schedule K, Part II Column A, Line 3	AMOUNT DOES NOT EQUAL TO ISSUE PRICE LISTED IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
Schedule K, Part II Column C, Line 3	AMOUNT DOES NOT EQUAL TO ISSUE PRICE LISTED IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
Schedule K, Part IV Column A, Line 2C	THE ARBITRAGE REBATE ANALYSIS WAS PERFORMED AS OF 9/1/2014

Return Reference	Explanation
Schedule K, Part II Column B, Line 3	A PORTION OF THE SERIES 2012 BONDS IN THE AMOUNT OF $44,936,460 60 WAS TREATED AS REISSUED IN CONNECTION WITH A REMEDIAL ACTION UNDER TREASURY REGULATIONS Â§ 1 141-12(E) THE AMOUNT SHOWN ON LINE 3 OF $25,232,246 DOES NOT MATCH THE TOTAL OF THE DEEMED REISSUANCE OF $24,794,467 92 DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
Schedule K, Part III Column B	CERTAIN PORTIONS OF PART III FOR THE SERIES 2012 REISSUED BONDS HAVE NOT BEEN COMPLETED BECAUSE THE SUBSTITUTE PROJECT HAS NOT BEEN COMPLETED AS OF THE FISCAL YEAR END

Return Reference	Explanation
Schedule K, Part IV Column B, Line 6	DISPOSITION PROCEEDS ARE INVESTED AFTER THE 30-DAY TEMPORARY PERIOD

Return Reference	Explanation
Schedule K, Part II Column C, Line 11	$3,642,800 OF THIS AMOUNT REPRESENTS BOND PROCEEDS USED FOR AN EXTRAORDINARY SWAP TERMINATION PAYMENT

Return Reference	Explanation
Schedule K, Part III Column C	PART III ITEM C IS ONLY COMPLETED FOR THE PORTION OF THE SERIES 2019A BONDS ALLOCATED TO REFUNDING THE SERIES 2009A BONDS THE RESPONSES IN PART III DO NOT COVER THE ASSETS FINANCED OR REFINANCED WITH THE PORTION OF THE SERIES 2019A BONDS ALLOCATED TO REFUNDING THE SERIES 2011 BONDS AND SERIES 2015AB BONDS BECAUSE THE SERIES 2011 BONDS AND SERIES 2015AB BONDS WERE USED TO REFINANCE PROJECTS ORIGINALLY FINANCED WITH BONDS ISSUED PRIOR TO JANUARY 1, 2003 IN ADDITION, THE RESPONSES IN PART III DO NO COVER ASSETS FINANCED WITH PROCEEDS OF THE NEW MONEY PORTION OF THE SERIES 2019A BONDS BECAUSE THE NEW MONEY PROJECT HAS NOT BEEN COMPLETED AS OF THE FISCAL YEAR END

Return Reference	Explanation
Schedule K, Part I, Column (f) Line A	TO ACQUIRE, CONSTRUCT, REMODEL, RENOVATE AND EQUIP CERTAIN HEALTHCARE FACILITIES

Return Reference	Explanation
Schedule K, Part I, Column (f) Line B	TO ACQUIRE, CONSTRUCT, REMODEL, RENOVATE AND EQUIP CERTAIN HEALTHCARE FACILITIES

Return Reference	Explanation
Schedule K, Part I, Column (f) Line C	To acquire, construct, reconstruct, repair, alter, improve and extend of the health facilities and to refund 2009A Bonds issued on 2/26/2009, 2011 Bonds issued on 9/30/2011 and 2015AB Bonds issued on 11/18/2015

Return Reference	Explanation
Schedule K, Part II Column B, Line 14	A PORTION OF THE SERIES 2012 BONDS WAS TREATED AS REISSUED ON 4/30/2018 IN CONNECTION WITH A REMEDIAL ACTION UNDER TREASURY REGULATIONS Â§ 1 141-12(E) DISPOSITION PROCEEDS WILL BE USED TO FINANCE A SUBSTITUTE PROJECT

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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, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Donna Wilson	DONNA WILSON IS THE WIFE OF JOHN WILSON	94,851	DONNA WILSON IS THE SERVICE LEADER FOR YOUTH AND ADULT PARTNERSHIPS FOR HEARTLAND REGIONAL MEDICAL CENTER AND IS THE WIFE OF JOHN WILSON, WHO WAS THE CHIEF TREASURY OFFICER OF HEARTLAND REGIONAL MEDICAL CENTER COMPENSATION IS WITHIN FAIR MARKET VALUE RANGE THIS AMOUNT INCLUDES SALARY & OTHER COMPENSATION FOR SERVICE LEADER SERVICES		No
(2) Nikki Lehman	NIKKI LEHMAN IS THE WIFE OF BRENNAN LEHMAN	74,542	NIKKI LEHMAN IS A SENIOR REVENUE CYCLE ANALYST AT HEARTLAND REGIONAL MEDICAL CENTER, AND IS THE SPOUSE OF BRENNAN LEHMAN, WHO IS THE CHIEF INFORMATION OFFICER OF HEARTLAND REGIONAL MEDICAL CENTER COMPENSATION IS WITHIN FAIR MARKET VALUE RANGE THIS AMOUNT INCLUDES SALARY AND OTHER COMPENSATION FOR REVENUE CYCLE ANALYST SERVICES		No
(3) Kathryn Richmond	Kathryn Richmond is the daughter-in-law of Thomas Richmond	92,160	Kathryn Richmond is the Property Management at Heartland Regional Medical Center, and is the daughter-in-law of Thomas Richmond, who is a board member for the Heartland Foundation COMPENSATION IS WITHIN FAIR MARKET VALUE RANGE THIS AMOUNT INCLUDES SALARY AND OTHER COMPENSATION FOR PROPERTY MANAGER		No
(4) Raymond Sisson	Raymond Sisson an employee of Adam Stein	556,992	RAYMOND SISSON IS AN EMPLOYEE OF ADAM STEIN, WHO IS A DIRECTOR ON THE HEARTLAND REGIONAL MEDICAL CENTER BOARD ADAM STEIN BROKERED THE SALE OF LAND FOR MOSAIC-ST JOSEPH AT FAIR MARKET VALUE BASED ON APPRAISAL		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 4 & Form 990, Part VI, Section A, Line 1B	THE FOLLOWING HEALTH REGIONAL MEDICAL CENTER DIRECTORS ARE NOT INDEPENDENT DUE TO TRANSACTIONS DISCLOSED ON THE FORM 990, SCHEDULE L THOMAS RICHMOND AND ADAM STEIN

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 13	IN FY2019, THE REPORTING ORGANIZATION HAS DETERMINED IT WOULD BE MORE APPROPRIATE THAT NET ASSET TRANSFERS BETWEEN RELATED ORGANIZATIONS THAT IT IN PRIOR YEARS WAS REPORTED IN FORM 990, PART XI, RECONCILIATION OF NET ASSETS AS AN "OTHER CHANGE IN NET ASSETS" NOW BE REPORTED AS CONTRIBUTION REVENUE (OR GRANTS MADE) FOR COMPARATIVE PURPOSES, THE REPORTING ORGANIZATION HAS ALSO REFLECTED THE EFFECT OF THE CHANGE IN HOW IT REPORTS ITS NET ASSET TRANSFERS IN THE FORM 990, PART I, PRIOR YEAR SUMMARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	MARK LANEY, M D , MICHAEL PULIDO, AND DWAIN STILSON HAVE A BUSINESS RELATIONSHIP AS THEY WERE OFFICERS OF HHS PROPERTIES, INC AND MIDWESTERN HEALTH MANAGEMENT, INC , BOTH RELATED TAXABLE ORGANIZATIONS, DURING THE TAX YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Mark Laney, M D - Business relationship, Michael Pulido - Business relationship, Dwain Stilson - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	MOSAIC HEALTH SYSTEM, A MISSOURI NONPROFIT CORPORATION, IS THE SOLE MEMBER OF HEARTLAND REGIONAL MEDICAL CENTER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Heartland Regional Medical Center Board members are identical to the Mosaic Health System board, and Mosaic Health System is the sole member of Heartland Regional Medical Center This gives the board members the ability to select the board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE SOLE MEMBER (MOSAIC HEALTH SYSTEM) SHALL HAVE THE FOLLOWING POWERS OVERALL STRATEGIC DIRECTION (EXCLUDING MATTERS RELATED PRIMARILY TO THE ACCOUNTABLE CARE ORGANIZATION (ACO) OPERATED BY THE HOSPITAL, INCLUDING SPECIFICALLY ANY MEDICARE SHARED SAVINGS PROGRAM CREATED UNDER THE AFFORDABLE CARE ACT), APPOINTMENT OF AUDITORS AND LEGAL COUNSEL, ESTABLISHMENT OF BANKING RELATIONSHIPS AND MANAGEMENT OF CASH AND OTHER ASSETS (EXCLUDING ACO SHARED SAVINGS DISTRIBUTIONS AND REPAYMENT OF SHARED LOSSES), LONG-RANGE PLANNING, ADOPTION OF ANNUAL OPERATING PLANS AND APPLICATION FOR CERTIFICATES OF NEED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE ACCOUNTING STAFF OF THE ORGANIZATION PREPARES THE FORM 990 AND SUBMITS A DRAFT TO AN INDEPENDENT ACCOUNTING FIRM THE INDEPENDENT ACCOUNTING FIRM REVIEWS THE FORM 990 WITH INFORMATION PROVIDED FROM THE ORGANIZATION'S ACCOUNTING STAFF THE DRAFT FORM 990 IS REVISED FOR ANY CORRECTIONS OR CLARIFICATIONS BASED ON THE REVIEW BY THE INDEPENDENT ACCOUNTING FIRM THEN THE FORM 990 IS REVIEWED BY THE ORGANIZATIONS LEADERSHIP FOR ANY QUESTIONS AND CONCERNS AFTER RESOLVING QUESTIONS AND CONCERNS WITH LEADERSHIP AND THE ACCOUNTING FIRM, THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PRESENTED TO BOARD FOR APPROVAL ONCE APPROVED THEN THE 990 TAX RETURN IS ELECTRONICALLY FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THIS CONFLICTS OF INTEREST AND DOCUMENTATION POLICY ("POLICY") APPLIES TO ALL DIRECTORS AN D OFFICERS OF THE ORGANIZATION AND ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBST ANTIAL INFLUENCE OVER THE DECISIONS AND AFFAIRS OF THE ORGANIZATION (COLLECTIVELY, "COVERE D PERSONS") DUTY TO DISCLOSE IF AN INTERESTED PERSON HAS A POSITION OR FINANCIAL INTEREST IN ANY BUSINESS OR OTHER ENTITY WITH WHICH THE ORGANIZATION IS CONSIDERING ENTERING INTO AN ARRANGEMENT OR TRANSACTION, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER POSITION OR FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED THERETO TO THE ORGANIZA TION'S BOARD OF DIRECTORS (THE "BOARD") OR EXECUTIVE COMMITTEE AS SOON AS THE INTERESTED P ERSON HAS KNOWLEDGE OF THE POTENTIAL ARRANGEMENT OR TRANSACTION, AND WHENEVER REQUESTED BY THE BOARD OR THE EXECUTIVE COMMITTEE DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS A FTER DISCLOSURE OF A POSITION OR A FINANCIAL INTEREST BY AN INTERESTED PERSON, AND AFTER A NY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON (INCLUDING THOSE INTERESTE D PERSONS WHO ARE MEMBERS OF THE BOARD OR EXECUTIVE COMMITTEE) WILL LEAVE THE BOARD MEETIN G WHILE THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS IN CONNECTION WITH THE PROPOSED TRANSACTION IS DISCUSSED BY THE BOARD OR THE EXECUTIVE COMMITTEE AND VOTED UPON A POSITION OR A FINANCIAL INTEREST WILL BE CONSIDERED A CONFLICT OF INTEREST ONLY IF THE B OARD OR THE EXECUTIVE COMMITTEE MAKES SUCH DETERMINATION AN INTERESTED PERSON IS CONSIDER ED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO HIS OR HER COMPENSATION IF THE PERSON RE CEIVES COMPENSATION FROM THE ORGANIZATION AND THE PERSON'S COMPENSATION IS BEING DISCUSSED OR REVIEWED BY THE BOARD OR ANY COMMITTEE THEREOF PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST *BEFORE ANY DISCUSSION AND VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS, AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OR THE EXECUTIVE COMMITTEE REGARDIN G THE INTERESTED PERSON'S POSITION OR FINANCIAL INTEREST AFTER SUCH PRESENTATION, THE INT ERESTED PERSON WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE PROPO SED TRANSACTION *THE BOARD OR THE EXECUTIVE COMMITTEE WILL UNDERTAKE APPROPRIATE DUE DILI GENCE AND INFORM ITSELF OF ALL MATERIAL INFORMATION REASONABLY AVAILABLE TO IT AND EXPLORE ALL REASONABLE ALTERNATIVES TO THE PROPOSED TRANSACTION THAT WOULD NOT INVOLVE THE CONFLI CT OF INTEREST *IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSI BLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR THE EXECUTIVE C OMMITTEE WILL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE PROP OSED TRANSACTION IS (I) IN THE ORGANIZATION'S BEST INTEREST, (II) FOR THE ORGANIZATION'S O WN BENEFIT, AND (III) FAIR AND REASONABLE TO THE ORGANIZATION IN CONFORMITY WITH THIS DET ERMINATION, THE BOARD WILL MAKE ITS DECISION AS TO WHETHER THE ORGANIZATION MAY ENTER INTO THE PROPOSED TRANSACTION QUO

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	RUM FOR BOARD OR EXECUTIVE COMMITTEE ACTION FOR PURPOSES OF THE BOARD OR EXECUTIVE COMMITT EE ACTIONS TO BE TAKEN UNDER THESE PROCEDURES, INCLUDING THE DETERMINATION WHETHER A CONFL ICT OF INTEREST EXISTS, A MAJORITY OF THE DISINTERESTED DIRECTORS ON THE BOARD OR THE EXEC UTIVE COMMITTEE WILL CONSTITUTE A QUORUM HOWEVER, IN NO CASE WILL A SINGLE DISINTERESTED DIRECTOR TAKE ANY SUCH ACTION VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY IF THE BOARD OR THE EXECUTIVE COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAIL ED TO DISCLOSE A POSITION OR A FINANCIAL INTEREST, IT WILL INFORM THE COVERED PERSON OF TH E BASIS FOR SUCH BELIEF AND AFFORD THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGE D FAILURE TO DISCLOSE IF, AFTER HEARING THE RESPONSE OF THE COVERED PERSON AND MAKING SUC H FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE BOARD OR THE EXEC UTIVE COMMITTEE DETERMINES THAT THE COVERED PERSON HAS IN FACT FAILED TO DISCLOSE A POSITI ON OR A FINANCIAL INTEREST, THE BOARD OR THE EXECUTIVE COMMITTEE WILL TAKE APPROPRIATE DIS CIPLINARY AND CORRECTIVE ACTION DOCUMENTATION IN MINUTES THE MINUTES OF THE BOARD OR THE EXECUTIVE COMMITTEE WILL CONTAIN *WITH RESPECT TO THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS, THE NAME OF THE INTERESTED PERSON WHO DISCLOSED OR WAS OTHERWISE FOUN D TO HAVE A POSITION OR FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POTENTIAL CONFL ICT OF INTEREST, THE NATURE OF THE POSITION OR FINANCIAL INTEREST, ANY ACTION TAKEN TO DET ERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OR THE EXECUTIVE COMMITTE E'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED *WITH RESPECT TO WHETHE R OR NOT THE CONFLICT OF INTEREST TRANSACTION IS APPROVED, THE NAMES OF THE PERSONS PRESEN T FOR THE DISCUSSIONS AND VOTE RELATED TO THE PROPOSED TRANSACTION, THE CONTENT OF THE DIS CUSSION, WHETHER ALTERNATIVES WERE DISCUSSED THAT DID NOT INVOLVE A CONFLICT OF INTEREST, THE BASIS FOR THE DETERMINATION THAT THE PROPOSED TRANSACTION WAS (I) IN THE ORGANIZATION' S BEST INTEREST, (II) FOR THE ORGANIZATION'S OWN BENEFIT, AND (III) FAIR AND REASONABLE TO THE ORGANIZATION, AND THE RECORD OF THE VOTE TAKEN IN CONNECTION WITH THE PROCEEDINGS AN NUAL STATEMENTS EACH COVERED PERSON WILL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSO N *HAS RECEIVED A COPY OF THIS POLICY, *HAS READ AND UNDERSTANDS THE POLICY, *HAS AGREED TO COMPLY WITH THE POLICY, AND *UNDERSTANDS THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX AND TO MAINTAIN ITS FEDERAL TAX EXEMPTION THE ORGANIZATION MUST ENGAGE PRIMARILY IN A CTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES IN ADDITION, EACH COVERE D PERSON WILL ANNUALLY COMPLETE, SIGN AND PROMPTLY RETURN TO THE BOARD A QUESTIONNAIRE AND DISCLOSURE STATEMENT SUBSTANTIALLY IN THE FORM ATTACHED HERETO A COVERED PERSON NEED NOT DISCLOSE COMPENSATION PAID TO THE COVERED PERSON BY ORGANIZATION PURSUANT TO A RESOLUTION OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ALL OF THESE DOCUMENTS ARE LOCATED IN ADMINISTRATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Revenue - Total Revenue 2573327, Related or Exempt Function Revenue 2528526, Unrelated Business Revenue 44801, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in fair value of derivative instruments - -279000, Change in fair value of cash flow hedging derivatives - 2998000, Asset impairment/Restructuring - -4033000, Net assets released from restrictions used for operations - 113333,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP Website URL	www mymlc com/Main/Location/st-joseph-mo/mosaic-medical-center-st -joseph/main-medical-center/medical-bills-made-easy/financial-assistance/

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application Form	www mymlc com/Main/Location/st-joseph-mo/mosaic-medical-center-st -joseph/main-medical-center/medical-bills-made-easy/financial-assistance/

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP Plain Language Summary	www mymlc com/Main/Location/st-joseph-mo/mosaic-medical-center-st -joseph/main-medical-center/medical-bills-made-easy/financial-assistance/

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H Part II Line 7h	Mosaic Life Care's Clinical Research Program provides alternative treatment options when standard of care has failed These patients may not have access to other treatments Clinical Research coordinators seamlessly provide care for patients outside of normal treatment options Clinical research is an important part of any medical care because it helps advance the sciences developed to treat and ultimately lead to management, and a possible cure, for multiple diagnosis The clinical research department at Mosaic Life Care provides education to the community on the types of clinical research we can provide which includes pharmaceuticals, medical devices, case studies, retrospective chart reviews, prospective trials, humanitarian device trials, compassionate use trials, emergency use trials and much more The Research team will assist the patients in proper screening and determine eligibility

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2C Financial Statements and Reporting	The results of the consolidated audit are reviewed by the Mosaic Health System Board, the parent corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	COMPENSATION IS ESTABLISHED BY MOSAIC HEALTH SYSTEM, A RELATED ENTITY AN ANNUAL REVIEW WAS PERFORMED DURING THE PRIOR FISCAL YEAR MARKET DATA WAS PROVIDED BY A THIRD PARTY COMPENSATION CONSULTANT THAT SPECIALIZES IN MARKET SALARY DATA A COMPENSATION COMMITTEE COMPRISED OF MOSAIC HEALTH SYSTEM BOARD CHAIR, MOSAIC HEALTH SYSTEM BOARD VICE-CHAIR AND THREE ADDITIONAL MOSAIC HEALTH SYSTEM BOARD MEMBERS AND INDEPENDENT LEGAL COUNSEL, AS SCRIBE, OVERSAW AN ANNUAL SALARY REVIEW PROCESS FOR OFFICERS AND ADMINISTRATORS FOR EACH POSITION TO BE REVIEWED, THE FULL SCOPE OF DUTIES AND RESPONSIBILITIES, NUMBERS OF STAFF MANAGED, PROCESSES MANAGED, APPROXIMATE REVENUE, EXPENSE, OR CAPITAL DOLLARS MANAGED WERE PROVIDED TO THE THIRD PARTY CONSULTANT FACILITY SIZE, NOT-FOR-PROFIT STATUS AND THE SCOPE OF EACH JOB POSITION WERE COMPARED TO LIKE FACILITIES TO DETERMINE BASE COMPENSATION AND INCENTIVE COMPENSATION FOR EACH POSITION THE DATA GATHERED BY THE THIRD PARTY CONSULTANT WAS REVIEWED BY THE COMPENSATION COMMITTEE, OUTLIER ISSUES WERE RESOLVED AND, BASED UPON PRESENT FINANCIAL INDICATORS, THE COMMITTEE MADE ITS DETERMINATION OF COMPENSATION LEVELS FOR THE NEXT PAY YEAR

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Heartland Regional Medical Center

Employer identification number
44-0545289

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Northland Expansion LLC 5325 Faraon Street St Joseph, MO 64506	Development	MO	0	0	HRMC
(2) Urgent Care Properties LLC 5325 Faraon Street St Joseph, MO 64506	Development	MO	0	0	HRMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Mosaic Health System 5325 Faraon Street St Joseph, MO 64506 43-1283316	Healthcare	MO	501(c)(3)	Type II	NA		No
(2) Heartland Foundation 5325 Faraon Street St Joseph, MO 64506 43-1262768	Support	MO	501(c)(3)	7	Mosaic Health System	Yes	
(3) Heartland Long Term Acute Care Hospital 5325 Faraon Street St Joseph, MO 64506 26-1972987	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	
(4) Northwest Medical Center Association Inc 705 North College Street Albany, MO 64402 44-0580870	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	
(5) Northwest Medical Center Foundation Inc 705 North College Street Albany, MO 64402 47-3694893	Support	MO	501(c)(3)	Type I	Northwest Medical Center Association Inc	Yes	
(6) Mosaic Medical Center-Maryville 5325 Faraon Street St Joseph, MO 64506 83-2249459	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	

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
(1) ST JOSEPH DOWNTOWN DEVELOPMENT LLC 5325 FARAON STREET ST JOSEPH, MO 64506 47-4317460	DEVELOPMENT OF DOWNTOWN ST JOSEPH	MO	NA	N/A								

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Midwestern Health Management Inc 5325 Faraon Street St Joseph, MO 64506 43-1264358	Healthcare	MO	NA	C Corporation				Yes	
(2)HHS Properties Inc 5325 Faraon Street St Joseph, MO 64506 43-1593799	Investment	MO	NA	C Corporation				Yes	
(3) Uptown Housing Inc 5325 Faraon Street St Joseph, MO 64506 26-1416252	Redevelopment	MO	HRMC	C Corporation			100 %	Yes	
(4) Uptown St Joseph Redevelopment Corp 5325 Faraon Street St Joseph, MO 64506 20-1742813	Redevelopment	MO	HRMC	C Corporation			100 %	Yes	

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

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

			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, or**(iv)** rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0545289
Name: Heartland Regional Medical Center

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Heartland Long Term Acute Care Hospital (HLTACH)	A	472,795	FMV
(1)	Heartland Long Term Acute Care Hospital (HLTACH)	J	584,520	FMV
(2)	Heartland Long Term Acute Care Hospital (HLTACH)	L	2,806,944	FMV
(3)	Heartland Long Term Acute Care Hospital (HLTACH)	Q	2,941,698	FMV
(4)	Northwest Medical Center Association Inc (Mosaic-Albany)	L	2,392,410	FMV
(5)	Northwest Medical Center Association Inc (Mosaic-Albany)	Q	8,485,482	FMV
(6)	Northwest Medical Center Association Inc (Mosaic-Albany)	S	122,636	FMV
(7)	Heartland Foundation	B	597,922	FMV
(8)	Heartland Foundation	Q	1,986,488	FMV
(9)	Midwestern Health Management Inc (Midwestern)	L	1,895,247	FMV
(10)	Midwestern Health Management Inc (Midwestern)	Q	2,713,016	FMV
(11)	St Joseph Downtown Development LLC (905 owned by MHM)	L	382,933	FMV
(12)	St Joseph Downtown Development LLC (905 owned by MHM)	Q	337,057	FMV
(13)	HHS Properties Inc	L	213,220	FMV
(14)	HHS Properties Inc	K	262,182	FMV
(15)	HHS Properties Inc	Q	1,208,925	FMV
(16)	Ascend Development LLC (disregarded entity wholly owned by MHM)	Q	104,098	FMV
(17)	Ascend Development LLC (disregarded entity wholly owned by MHM)	L	1,811,804	FMV
(18)	Mosaic Health System	B	17,727,964	FMV
(19)	German American Master Tenant LLC	Q	53,737	FMV
(20)	St Joseph Downtown Development LLC (905 owned by MHM)	R	262,208	FMV
(21)	Mosaic Medical Center-Maryville (Mosaic-Maryville)	L	4,310,375	FMV
(22)	Mosaic Medical Center-Maryville (Mosaic-Maryville)	Q	1,013,301	FMV
(23)	Mosaic Medical Center-Maryville (Mosaic-Maryville)	B	26,402,888	FMV
(24)	Northwest Medical Center Association Inc (Mosaic-Albany)	B	6,659,481	FMV