# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [X] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 11/01/1970

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HEARTLAND FAMILY SERVICE

2101 S. 42ND STREET
OMAHA, NE 68105

2101 S. 42ND STREET
OMAHA, NE 68105

**2b** Employer Identification Number (EIN)
47-0390618

**2c** Sponsor's telephone number
402-553-3000

**2d** Business code (see instructions)
813000

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/15/2010 | JOHN HERZOG |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
HEARTLAND FAMILY SERVICE

2101 S. 42ND STREET
OMAHA, NE 68105

**3b** Administrator's EIN
47-0390618

**3c** Administrator's telephone number
402-553-3000

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 189 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 90 |
| **b** | Retired or separated participants receiving benefits | **6b** | 18 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 92 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 200 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 200 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 200 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G 2L 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | X | 2 | **A** (Insurance Information) |
| **(4)** | | | **C** (Service Provider Information) |
| **(5)** | | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500.
HEARTLAND FAMILY SERVICE

**D** Employer Identification Number (EIN)
47-0390618

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
AXA EQUITABLE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-5570651 | 62944 | 714708-0001 | 13 | | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 118 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
D. MCGRAIN, CHFC, CLU
1111 N 102ND CT
OMAHA, NE 68114

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 118 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 303974 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 125318 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 0 |
| **d** | Total of balance and additions (add **b** and **c(6)**) | | | 7d | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | 0 | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500.
HEARTLAND FAMILY SERVICE

**D** Employer Identification Number (EIN)
47-0390618

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
METLIFE

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 13-5581829 | 65978 | 0082090 | 195 | 01/01/2009 | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 328703 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1627106 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SEE ATTACHED SCHEDULE

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | 267908 |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | 0 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | 0 | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HEARTLAND FAMILY SERVICE

**D** Employer Identification Number (EIN)
47-0390618

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | 21028 | 22421 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 1557412 | 1761202 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 663670 | 623899 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 2242110 | 2407522 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | 20595 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | | 20595 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2242110 | 2386927 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| | **(B)** Participants | 2a(1)(B) | 252315 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 252315 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 391554 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 391554 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 643869 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 498848 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 498848 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 204 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 204 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 499052 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 144817 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FRANKEL ZACHARIA, LLC (2) EIN: 47-0574775

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HEARTLAND FAMILY SERVICE

**D** Employer Identification Number (EIN)
47-0390618

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 498848

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5581829 13-5570651

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3** 12

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# FAMILY SERVICE
# TAX-SHELTERED ANNUITY PLAN

## FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

## DECEMBER 31, 2009 AND 2008
**(WITH INDEPENDENT AUDITOR'S REPORT)**

**FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN**

**TABLE OF CONTENTS**


| | Page |
|---|---|
| INDEPENDENT AUDITOR'S REPORT | 1 |
| FINANCIAL STATEMENTS | |
| Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008 | 2 |
| Statement of Changes in Net Assets Available for Benefits for the year Ended December 31, 2009 | 3 |
| Notes to Financial Statements | 4-9 |
| SUPPLEMENTAL SCHEDULES: | |
| Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) | 10-11 |
| Form 5500, Schedule H, Part IV, Line 4(a) – Schedule of Delinquent Participant Contributions | 12 |


All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

FrankelZacharia LLC
Certified Public Accountants

# INDEPENDENT AUDITOR'S REPORT

The Finance Committee
Family Service Tax-Sheltered Annuity Plan
Omaha, Nebraska

We were engaged to audit the financial statements and supplemental schedules of Family Service Tax-Sheltered Annuity Plan (the "Plan") as of December 31, 2009 and for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of Plan management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by MetLife, Inc. and AXA Equitable Life Insurance Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator obtained certifications from the trustees, as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of the Family Service Tax-Sheltered Annuity Plan as of December 31, 2008, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits as of December 31, 2008 and, accordingly, do not express an opinion or any other form of assurance on it.

Frankel Zacharia LLC

December 28, 2011

First National Plaza
11404 West Dodge Road, Suite 700
Omaha, NE 68154-2576

*tel* 402.496.9100
*fax* 402.496.1024

**FAMILY SERVICE TAX-SHELTERED**
**ANNUITY PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

| **DECEMBER 31** | | **2009** | **2008** |
|---|---|---|---|
| | | | **(Unaudited)** |
| **ASSETS** | | | |
| Investments, at fair value (Note 3) | $ | 2,385,101 | 2,221,082 |
| Participant contributions receivable | | 22,421 | 21,028 |
| **TOTAL ASSETS** | | **2,407,522** | **2,242,110** |
| **LIABILITIES** | | | |
| Payable to Plan Sponsor | | **20,595** | **--** |
| **NET ASSETS AVAILABLE FOR BENEFITS** | **$** | **2,386,927** | **2,242,110** |

**FAMILY SERVICE TAX-SHELTERED**
**ANNUITY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

| **YEAR ENDED DECEMBER 31,** | | **2009** |
|---|---|---|
| **ADDITIONS TO NET ASSETS:** | | |
| Net appreciation in fair value of investments (Note 3) | $ | 391,554 |
| Participant contributions | | 252,315 |
| **Total additions** | | **643,869** |
| **DEDUCTIONS FROM NET ASSETS:** | | |
| Distributions to participants | | 498,848 |
| Administrative expenses | | 204 |
| **Total deductions** | | **499,052** |
| **NET INCREASE** | | **144,817** |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | | 2,242,110 |
| **End of year** | **$** | **2,386,927** |

See accompanying notes to financial statements.

## 1. Description of the Plan

The following description of the Family Service Tax-Sheltered Annuity Plan (the "Plan") provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

***General*** – The Plan was established effective November 1, 1970, and is a tax-sheltered annuity plan covering the employees of the plan sponsor, Heartland Family Service (the "Agency" or the "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and is intended to qualify under the applicable sections of the Internal Revenue Code (the "Code") of 1986, as amended.

***Eligibility*** – Beginning January 1, 2009, employees were immediately eligible to participate in the Plan. In 2008, employees became eligible to participate in the Plan upon completion of a three consecutive month employment period.

***Contributions*** – Participants may contribute up to 100% of their pretax annual compensation, not to exceed the maximum allowed by the Code through the Plan. Employer contributions are made through a separate 401(a) Plan.

***Participant Accounts*** – Individual accounts are maintained for each Plan participant. Each account is credited with the participant elective contributions, an allocation of investment income or loss, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Vesting*** – A participant's interest is fully vested at all times in all contributions plus actual earnings and losses thereon.

***Payment of Benefits*** – On termination of service, a participant may elect to receive a single lump sum amount equal to the value of the participant's vested account, a series of monthly installment payments over a specific period of at least twenty-four months, or a fixed or variable annuity distribution. If the vested account balance is less than $1,000, a lump sum distribution will be made.

***Participant Loans*** – Participants may borrow from their account a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the plan administrator. Principal and interest is paid ratably through earnings on the participant's funds held as collateral in the guaranteed interest option and through quarterly installments. There were no outstanding loans as of December 31, 2009 and 2008.

## 2. Summary of Significant Accounting Policies and Procedures

***Basis of Accounting*** – The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

***Use of Estimates*** – The preparation of financial statements in conformity with generally accepted accounting principles requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

***Risks and Uncertainties*** **-** The Plan provides investment options in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with the Plan's investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of net assets available for plan benefits.

***Investment Valuation and Income Recognition*** – Plan investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value investments.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes Plan gains and losses on investments bought and sold as well as held during the year.

***Payment of Benefits*** – Benefits are recorded when paid.

***Administrative Expenses*** – Trustee fees and administrative costs are paid by the Plan, except the Agency, at its discretion, may pay for certain administrative costs.

***Subsequent Period*** – Management evaluated transactions and events occurring subsequent to December 31, 2009, and through the date of the auditor's report (the date the financial statements were available to be issued), to determine whether any events should be recognized or disclosed in these statements. There were no material transactions or events in the subsequent period requiring disclosure or recognition in the statements.

## 3. Investments

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator obtained certifications from MetLife and AXA Equitable, the trustees of the Plan, that such information provided as of and for the years ended December 31, 2009 and 2008 is complete and accurate. The following is a summary of the information certified by the trustees.

| | 2009 | 2008 (Unaudited) |
|---|---|---|
| Investments: | | |
| Guaranteed investment contracts | $ 623,899 | 663,670 |
| Mutual funds | 1,761,202 | 1,557,412 |
| Net appreciation (reduction) in fair value of investments | 391,554 | |

Investments that represent 5% or more of the Plan's net assets available for benefits as of the end of the year are as follows:

| | | |
|---|---|---|
| Guaranteed Interest Account – AXA | $ 302,462 | 303,082 |
| Guaranteed Interest Account – MetLife | 321,437 | 360,588 |
| MetLife Stock Index Portfolio | 199,030 | 150,209 |
| American Funds Growth-Income Fund | 130,217 | ** |
| PIMCO Total Return Portfolio | ** | 118,249 |

** - Did not meet the 5% threshold for the applicable year.

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $391,554 for the year ended December 31, 2009.

| | |
|---|---|
| Investments: | |
| Guaranteed investment contracts | $ 19,409 |
| Mutual Funds | 372,145 |

## 4. Guaranteed Investment Accounts

The investments in guaranteed investment contracts are with MetLife, Inc. and AXA Equitable Life Insurance Company. These contracts are reported at fair value as the investments are not fully benefit responsive. The fair value is the value paid when funds are withdrawn prior to their maturity. Plan participants may direct the withdrawal or transfer of all or a portion of their investments subject, in certain circumstances, to a surrender charge. The average yields and crediting interest rates for the various contracts as of December 31, 2009 range from 3.0% to 3.5%.

## 5. Fair Value Measurements

Financial Accounting Standards Board ("FASB") Codification Section 820, *Fair Value Measurements* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Guaranteed investment contracts:* Valued based on the amount plan participants would receive currently if they were to withdraw funds which is book value plus crediting interest less any withdrawal charges.

*Mutual Funds:* Valued at the net asset value of shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## 5. Fair Value Measurements - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009 and 2008:

| | Investments at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Guaranteed investment contracts | $ -- | 302,462 | 321,437 | 623,899 |
| Mutual Funds | | | | |
| International funds | -- | 76,664 | -- | 76,664 |
| Balanced funds | -- | 872,351 | -- | 872,351 |
| Growth funds | -- | 394,706 | -- | 394,706 |
| Value funds | -- | 198,394 | -- | 198,394 |
| Fixed income funds | -- | 219,087 | -- | 219,087 |
| **Total investments at fair value** | **$ --** | **2,063,664** | **321,437** | **2,385,101** |

| | Investments at Fair Value as of December 31, 2008 (Unaudited) | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Guaranteed investment contracts | $ -- | 303,082 | 360,588 | 663,670 |
| Mutual Funds | | | | |
| International funds | -- | 60,814 | -- | 60,814 |
| Balanced funds | -- | 674,023 | -- | 674,023 |
| Growth funds | -- | 362,084 | -- | 362,084 |
| Value funds | -- | 170,403 | -- | 170,403 |
| Fixed income funds | -- | 290,088 | -- | 290,088 |
| **Total investments at fair value** | **$ --** | **1,860,494** | **360,588** | **2,221,082** |

The following table sets forth a summary of changes in the fair value of the Plan's level 3 investments:

| | 2009 |
|---|---|
| Balance, beginning of year | $ 360,588 |
| Unrealized gains (losses) related to assets still held at the reporting date | 8,380 |
| Purchases, sales, issuances, and settlements (net) | (47,531) |
| **Balance, end of year** | **$ 321,437** |

## 6. Plan Termination

Although it has not expressed any intent to do so, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

## 7. Tax Status

Effective January 1, 2009, sponsors of 403(b) plans are generally required to maintain a written plan that satisfies, in both form and operation, the requirements of the final regulations. There is no current program under which a plan sponsor can obtain assurance that the written form of its plan satisfies section 403(b), other than through a private letter ruling.

Under Notice 2009-3, the IRS will not treat a section 403(b) plan as failing to satisfy the requirements of section 403(b) provided that (i) on or before December 31, 2009, the sponsor of the plan has adopted a written section 403(b) plan that is intended to satisfy the requirements of section 403(b) effective as of January 1, 2009, (ii) during 2009, the sponsor operates the plan in accordance with a reasonable interpretation of section 403(b), taking into account final regulations; and (iii) before the end of 2009, the sponsor makes its best efforts to retroactively correct any operational failure during the 2009 calendar year to conform to the terms of the written section 403(b) plan.

The Plan Administrator believes that the Plan has been designed to comply with the requirements of the Code and thus believes the Plan is qualified and the related trust is tax-exempt.

The Plan is not a taxpaying entity for income tax purposes and, accordingly, no provision has been made for income taxes. Effective January 1, 2009, the Plan recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. As of December 31, 2009, there are no known items which would result in a material accrual attributable to uncertain tax positions.

## 8. Party-in-Interest Transactions

Certain Plan investments are managed by MetLife and AXA Equitable. These are the Plan Trustees and, therefore, these Plan transactions qualify as party-in-interest transactions.

**FAMILY SERVICE TAX-SHELTERED**
**ANNUITY PLAN**
**(EIN 47-0390618, P001)**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of Investments, including maturity date, rate of investment, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| | AXA Equitable Life Insurance Company | | |
| * | AXA Conserv - Plus Allocation | Mutual Fund | $ 4,119 |
| * | AXA Conserv Allocation | Mutual Fund | 6,941 |
| * | AXA Moderate - Plus Allocation | Mutual Fund | 7,411 |
| * | AXA Moderation Allocation | Mutual Fund | 15,505 |
| * | Alliance Bernstein Intl | Mutual Fund | 11,999 |
| * | BlackRock Basic Value Equity | Mutual Fund | 1,321 |
| * | Capital Guardian Research | Mutual Fund | 338 |
| * | Common Stock Index | Mutual Fund | 17,746 |
| * | Equity 500 Index | Mutual Fund | 3,366 |
| * | Franklin Templeton Allocation | Mutual Fund | 21,443 |
| * | GAMCO Small Company Value | Mutual Fund | 2,123 |
| * | Global Multi-Sector Equity | Mutual Fund | 6,094 |
| * | Large Cap Growth Plus | Mutual Fund | 280 |
| * | Large Cap Value Plus | Mutual Fund | 2,699 |
| * | PIMCO Ultra Short Bond | Mutual Fund | 9,047 |
| * | Van Kampen Mid Cap Growth | Mutual Fund | 5,340 |
| * | Multimanager Aggressive Equity | Mutual Fund | 11,058 |
| * | Equi-Vest Account | Guaranteed Interest Account | 302,462 |
| | Metropolitan Life Insurance Company | | |
| * | Guaranteed account | Guaranteed Interest Account | 321,437 |
| * | BlackRock Aggressive Growth Portfolio | Mutual Fund | 26,144 |
| * | Lazard Mid Cap Portfolio | Mutual Fund | 1,587 |
| * | Met/AIM Small Cap Growth Portfolio | Mutual Fund | 6,608 |
| * | BlackRock Strategic Value Portfolio | Mutual Fund | 18,673 |
| * | American Funds Balanced Allocation Portfolio | Mutual Fund | 509 |
| * | American Funds Bond Fund | Mutual Fund | 15,004 |
| * | Lehman Brothers Aggregate Bond Index Portfolio | Mutual Fund | 42,300 |
| * | Cyclical Growth ETF Portfolio | Mutual Fund | 6,162 |
| * | BlackRock Diversified Portfolio | Mutual Fund | 98,050 |
| * | FI Value Leaders Portfolio | Mutual Fund | 1,646 |
| * | American Funds Growth Allocation Portfolio | Mutual Fund | 1,466 |
| * | Oppenheimer Global Equity Portfolio | Mutual Fund | 3,029 |
| * | BlackRock Legacy Large Cap Growth Portfolio | Mutual Fund | 3,618 |
| * | American Funds Growth Fund | Mutual Fund | 107,144 |
| * | BlackRock Large Cap Core Portfolio | Mutual Fund | 30,724 |
| * | American Funds Global Small Capitalization Fund | Mutual Fund | 96,794 |
| * | Western Asset Management US Government Portfolio | Mutual Fund | 2,724 |
| * | Harris Oakmark Focused Value Portfolio | Mutual Fund | 38,910 |
| * | BlackRock Bond Income Portfolio | Mutual Fund | 20,240 |
| * | Harris Oakmark International Portfolio | Mutual Fund | 39,380 |
| * | Morgan Stanley EAFE Index Portfolio | Mutual Fund | 30,726 |
| * | Julius Baer International Portfolio | Mutual Fund | 37,284 |
| * | RCM Technology Portfolio | Mutual Fund | 436 |

continued

**FAMILY SERVICE TAX-SHELTERED**
**ANNUITY PLAN**
**(EIN 47-0390618, P001)**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of Investments, including maturity date, rate of investment, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| continued | | | |
| * | Janus Forty Portfolio | Mutual Fund | 4,004 |
| * | Lord Abbett Bond Debenture Portfolio | Mutual Fund | 10,307 |
| * | T. Rowe Price Large Cap Growth Portfolio | Mutual Fund | 10,240 |
| * | Loomis Sayles Small Cap Portfolio | Mutual Fund | 12,795 |
| * | BlackRock Large Cap Value Portfolio | Mutual Fund | 15,176 |
| * | MFS Value Portfolio | Mutual Fund | 27,982 |
| * | MetLife Conservative to Moderate Allocation Portfolio | Mutual Fund | 5,986 |
| * | MetLife Moderate Allocation Portfolio | Mutual Fund | 59,890 |
| * | MetLife Moderate to Aggressive Allocation Portfolio | Mutual Fund | 37,133 |
| * | MetLife Aggressive Allocation Portfolio | Mutual Fund | 1,850 |
| * | FI Mid Cap Opportunities Portfolio | Mutual Fund | 15,675 |
| * | Met/Franklin Income Portfolio | Mutual Fund | 363 |
| * | T. Rowe Price Mid Cap Growth Portfolio | Mutual Fund | 71,656 |
| * | MFS Total Return Portfolio (PPA only) | Mutual Fund | 3,550 |
| * | Neuberger Berman Mid Cap Value Portfolio | Mutual Fund | 46,392 |
| * | MetLife Mid Cap Stock Index Portfolio | Mutual Fund | 26,165 |
| * | Oppenheimer Capital Appreciation Portfolio | Mutual Fund | 2,166 |
| * | PIMCO Inflation Protected Bond Portfolio | Mutual Fund | 17,701 |
| * | Russell 2000 Index Portfolio | Mutual Fund | 36,413 |
| * | MFS Research International Portfolio | Mutual Fund | 15,952 |
| * | Clarion Global Real Estate Portfolio | Mutual Fund | 22,271 |
| * | Western Asset Management Strategic Bond Opportunities | Mutual Fund | 13,337 |
| * | T. Rowe Price Small Cap Growth Portfolio | Mutual Fund | 1,128 |
| * | Franklin Templeton Small Cap Growth Portfolio | Mutual Fund | 11,789 |
| * | MetLife Stock Index Portfolio | Mutual Fund | 199,030 |
| * | Calvert Social Balanced Portfolio (Group Only) | Mutual Fund | 77,209 |
| * | American Funds Growth-Income Fund | Mutual Fund | 130,217 |
| * | PIMCO Total Return Portfolio | Mutual Fund | 88,427 |
| * | Davis Venture Value Portfolio | Mutual Fund | 40,410 |
| | | | **$ 2,385,101** |

* Indicates party-in-interest

**FAMILY SERVICE TAX-SHELTERED**
**ANNUITY PLAN**
**(EIN 47-0390618, P001)**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(a)**
**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**DECEMBER 31, 2009**

| Participant Contributions Transferred Late to the Plan | | | Check Here if Late Participant Loan Repayments Are Included | Total That Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|---|---|
| Amount Withheld | Date Withheld | Date Remitted | | Contributions Not Corrected | Contributions Corrected Outside Voluntary Fiduciary Correction Program | Contributions Pending Correction in Voluntary Fiduciary Correction Program | Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51 |
| $ 10,734.99 | 1/15/2009 | 2/23/2009 | | $ - | $ - | $ 10,734.99 | $ - |
| $ 10,847.61 | 1/30/2009 | 2/23/2009 | | $ - | $ - | $ 10,847.61 | $ - |
| $ 10,879.81 | 2/13/2009 | 3/23/2009 | | $ - | $ - | $ 10,879.81 | $ - |
| $ 10,928.68 | 2/27/2009 | 3/23/2009 | | $ - | $ - | $ 10,928.68 | $ - |
| $ 10,938.60 | 3/13/2009 | 4/20/2009 | | $ - | $ - | $ 10,938.60 | $ - |
| $ 10,914.28 | 3/31/2009 | 4/20/2009 | | $ - | $ - | $ 10,914.28 | $ - |
| $ 10,196.40 | 4/15/2009 | 5/26/2009 | | $ - | $ - | $ 10,196.40 | $ - |
| $ 10,038.01 | 4/30/2009 | 5/26/2009 | | $ - | $ - | $ 10,038.01 | $ - |
| $ 10,278.36 | 5/15/2009 | 6/22/2009 | | $ - | $ - | $ 10,278.36 | $ - |
| $ 10,210.24 | 5/29/2009 | 6/22/2009 | | $ - | $ - | $ 10,210.24 | $ - |
| $ 10,007.56 | 6/15/2009 | 7/27/2009 | | $ - | $ - | $ 10,007.56 | $ - |
| $ 10,046.39 | 6/30/2009 | 7/27/2009 | | $ - | $ - | $ 10,046.39 | $ - |
| $ 10,037.36 | 7/15/2009 | 8/28/2009 | | $ - | $ - | $ 10,037.36 | $ - |
| $ 10,359.36 | 7/31/2009 | 8/28/2009 | | $ - | $ - | $ 10,359.36 | $ - |
| $ 10,172.27 | 8/14/2009 | 9/28/2009 | | $ - | $ - | $ 10,172.27 | $ - |
| $ 10,419.81 | 8/31/2009 | 9/28/2009 | | $ - | $ - | $ 10,419.81 | $ - |
| $ 10,445.68 | 9/15/2009 | 11/2/2009 | | $ - | $ - | $ 10,445.68 | $ - |
| $ 10,246.06 | 9/30/2009 | 11/2/2009 | | $ - | $ - | $ 10,246.06 | $ - |
| $ 10,053.40 | 10/15/2009 | 11/30/2009 | | $ - | $ - | $ 10,053.40 | $ - |
| $ 10,616.17 | 10/30/2009 | 12/2/2009 | | $ - | $ - | $ 10,616.17 | $ - |
| $ 10,805.37 | 11/13/2009 | 12/24/2009 | | $ - | $ - | $ 10,805.37 | $ - |
| $ 10,716.82 | 11/30/2009 | 12/24/2009 | | $ - | $ - | $ 10,716.82 | $ - |
| $ 11,103.14 | 12/15/2009 | 2/1/2010 | | $ - | $ - | $ 11,103.14 | $ - |
| $ 11,318.94 | 12/30/2009 | 2/1/2010 | | $ - | $ - | $ 11,318.94 | $ - |

# 2009 AXA EQUITABLE BASIS OF PREMIUM RATES

## (Attach to Schedule A, IRS Form 5500 or Form 5500-C/R)

AXA Equitable net premiums, that is premiums that take into account only mortality and interest, for the following permanent life insurance policies are based on the 1980 Commissioners' Standard Ordinary (CSO) Male and Female Mortality Tables:

1) For AXA Equitable Whole Life, interest is compounded annually at 5% for all policy years;
2) For Whole Life 50 and Whole Life Plus, interest is compounded annually at 5% during the first 10 policy years and 4% thereafter;
3) For Joint Survivorship Whole Life, Elite Life (Life Paid up at 95) and Whole Life I, interest is compounded annually at 5.5% for all policy years.

Generally, for the Adjustable Whole Life, Pension Plan Life and Pension Plan Endowment contracts, which are based on the 1958 Commissioners' Standard Ordinary Table, interest is compounded annually at 3% for all policy years.

**Champion (original series), Universal Life, Incentive Life, AXA Equitable Life Account II** and **Select Universal Life I and II** are based on the 1980 CSO Mortality Tables with 4.5% interest for all policy years.
**Champion 2000, Incentive Life 2000, Incentive Life Plus, IL Protector, and AXA Equitable Universal Life and AXA Equitable Universal Life II** are based on 1980 CSO Mortality Tables with 4% interest for all policy years.
**Incentive Life (99-300), Paramount Life and Incentive Life '02 (02-300)** are based on 1980 CSO Mortality Tables with 3% interest for all policy years.
**AXA Equitable Life Account I** is based on the 1958 CSO Mortality Table with 4% interest.

**Note:** For plans with unisex rates, except ELA I which uses the 1958 CSO Male Mortality table, the mortality basis is the blended Male/Female 1980 CSO Mortality Tables assuming an 80%/20% (50%/50% for Joint Survivorship Whole Life) distribution of male/female lives at issue.

**Gross premiums,** which take into account AXA Equitable expenses and margins for contingencies, are derived by a formula which involves adding a percentage of the net premium plus an additional fixed-dollar amount to the net premium for that policy. The percentage of net premium added and the fixed-dollar amount are determined by (a) the plan of insurance, (b) the face amount, (c) the issue age and sex of the insured, (d) the frequency of premium payment, (e) whether or not the insured uses tobacco, and (f) whether or not the insured satisfies preferred risk criteria, if applicable.

**Universal Life and Incentive Life** net premiums are equal to the gross premiums less any charge for applicable taxes and, in the case of an initial annual premium payment only, less a $250 initial administrative charge.
**Champion 2000** net premiums are equal to gross premiums less any charge for applicable taxes, a premium sales charge, and a $2 processing charge.

**Incentive Life 2000, Incentive Life Plus,** and **IL Protector** net premiums are equal to gross premiums less any charge for applicable taxes, and a premium sales charge.
**Select Universal Life I and II** net premiums are equal to the gross premiums less percentage of premium expense charges for applicable taxes and to recover underwriting and initial

## Basis of Premium Rates

| Product | Years of Issue | Basis* |
|---|---|---|
| Whole Life | 6-1-81 to 7-31-83 | 1958 CSO Table at 4 ½% for 1st 20 years and 4% thereafter. 3 year setback for females. |
| | 8-1-83 and later | 1958 CSO Table at 4 ½% for 1st 20 years and 4% thereafter. No setback for females. |
| Life Paid-up at 90 | 6-1-81 to 7-31-83 | 1958 CSO Table at 4% for 1st 30 years and 3 ½% thereafter. 3 year setback for females. |
| | 8-1-83 and later | 1958 CSO Table at 4% for 1st 30 years and 3 ½% thereafter. No setback for females. |
| Pension Life Insurance Policy | pre 1974 | 1958 CSO Table at 3 ½% for 1st 20 years and 3% thereafter. No setback for females. |
| | 1974-5/31/81 | 1958 CSO Table at 3 ½% for 1st 20 years and 3% thereafter. 3 year setback for females. |
| Universal Life | 4-1-83 | 1958 CSO Table at guaranteed interest rate of 4% Target Premium based on contractual loads, current cost of insurance and interest assumption of 8%. |
| One-Year Renewal Term for Pension Trust Business | All | Commissioner's 1960 Standard Mortality Table at 3%. |
| Whole Life, Five-Year and Interim Term Policies | 1960- 1964 | 1941 CSO Table at 2 ½%. No setback for females. |
| | 1965-1973 | 1958 CSO Table at 3% for 1st 20 years and 2 ½% thereafter. No setback for females. |
| | 1974 and later | 1958 CSO Table at 3 ½% for 1st 20 years and 2 ¾% thereafter. 3 Year setback for females. |
| Flexible Purchase Pension Annuity, Single Stipulated Payment Deferred Annuity, Retirement Deferred Pension Annuity and Flexible Retirement Annuity, Single Purchase Payment Deferred Annuity. | prior to 11-1-66 | a-1949 Table (Metropolitan 1960 Modification) at 2 ½% |
| | 11-1-66 to 1-1-74 | a-1949 Table (Metropolitan 1960 Modification) at 2 ¾% up to retirement and 2 ½% thereafter. |
| | 1-1-74 and later | 1971 IAM Table (Metropolitan adjusted at 3 ½% interest). |
| Level Payment Retirement Deferred Annuity | prior to 11-1-66 | a-1949 Table (Metropolitan 1960 Modification) at 2 ½%. |
| | 11-1-66 to 12-31-73 | a-1949 Table (Metropolitan 1960 Modification) at 2 ¾% up to retirement and 2 ½% thereafter. |
| Variable Annuities | All | Accumulative stage: Net Investment performance of separate account.<br><br>Payout stage: a-1949 Table (Metropolitan 1960 Modification) and an assumed net investment rate of 3 ½% |
| Multi-Funded Annuity | 10-1-84 and later | Fixed interest account – 1983 Table a (Metropolitan-Adjusted, Unisex) at 3% interest.<br><br>Separate Account – accumulative stage, net investment performance.<br><br>Payout stage: 1983 Table a (Metropolitan-Adjusted, Unisex) at 3% interest. |
| Asset Accumulation Annuity<br>Growth Plus Account<br>Preference Plus Account<br>Max1 | 4-1-85 and later<br>4-1-90 and later<br>9-1-90 and later<br>3-1-93 and later | 1983 Table a (Metropolitan Adjusted Unisex) at 3% interest. |

*Age last Birthday

**One copy of this form is to be retained and used as an attachment to schedule A in response to the question thereon pertaining to the "Basis of Premium Rates."**

**FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN**
**(EIN 47-0390618, P001)**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of Investments, including maturity date, rate of investment, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| | AXA Equitable Life Insurance Company | | |
| * | AXA Conserv - Plus Allocation | Mutual Fund | $ 4,119 |
| * | AXA Conserv Allocation | Mutual Fund | 6,941 |
| * | AXA Moderate - Plus Allocation | Mutual Fund | 7,411 |
| * | AXA Moderation Allocation | Mutual Fund | 15,505 |
| * | Alliance Berntstein Intl | Mutual Fund | 11,999 |
| * | BlackRock Basic Value Equity | Mutual Fund | 1,321 |
| * | Capital Guardian Research | Mutual Fund | 338 |
| * | Common Stock Index | Mutual Fund | 17,746 |
| * | Equity 500 Index | Mutual Fund | 3,366 |
| * | Franklin Templeton Allocation | Mutual Fund | 21,443 |
| * | GAMCO Small Company Value | Mutual Fund | 2,123 |
| * | Global Multi-Sector Equity | Mutual Fund | 6,094 |
| * | Large Cap Growth Plus | Mutual Fund | 280 |
| * | Large Cap Value Plus | Mutual Fund | 2,699 |
| * | PIMCO Ultra Short Bond | Mutual Fund | 9,047 |
| * | Van Kampen Mid Cap Growth | Mutual Fund | 5,340 |
| * | Multimanager Aggressive Equity | Mutual Fund | 11,058 |
| * | Equi-Vest Account | Guaranteed Interest Account | 302,462 |
| | Metropolitan Life Insurance Company | | |
| * | Guaranteed account | Guaranteed Interest Account | 321,437 |
| * | BlackRock Aggressive Growth Portfolio | Mutual Fund | 26,144 |
| * | Lazard Mid Cap Portfolio | Mutual Fund | 1,587 |
| * | Met/AIM Small Cap Growth Portfolio | Mutual Fund | 6,608 |
| * | BlackRock Strategic Value Portfolio | Mutual Fund | 18,673 |
| * | American Funds Balanced Allocation Portfolio | Mutual Fund | 509 |
| * | American Funds Bond Fund | Mutual Fund | 15,004 |
| * | Lehman Brothers Aggregate Bond Index Portfolio | Mutual Fund | 42,300 |
| * | Cyclical Growth ETF Portfolio | Mutual Fund | 6,162 |
| * | BlackRock Diversified Portfolio | Mutual Fund | 98,050 |
| * | FI Value Leaders Portfolio | Mutual Fund | 1,646 |
| * | American Funds Growth Allocation Portfolio | Mutual Fund | 1,466 |
| * | Oppenheimer Global Equity Portfolio | Mutual Fund | 3,029 |
| * | BlackRock Legacy Large Cap Growth Portfolio | Mutual Fund | 3,618 |
| * | American Funds Growth Fund | Mutual Fund | 107,144 |
| * | BlackRock Large Cap Core Portfolio | Mutual Fund | 30,724 |
| * | American Funds Global Small Capitalization Fund | Mutual Fund | 96,794 |
| * | Western Asset Management US Government Portfolio | Mutual Fund | 2,724 |
| * | Harris Oakmark Focused Value Portfolio | Mutual Fund | 38,910 |
| * | BlackRock Bond Income Portfolio | Mutual Fund | 20,240 |
| * | Harris Oakmark International Portfolio | Mutual Fund | 39,380 |
| * | Morgan Stanley EAFE Index Portfolio | Mutual Fund | 30,726 |
| * | Julius Baer International Portfolio | Mutual Fund | 37,284 |
| * | RCM Technology Portfolio | Mutual Fund | 436 |

continued

**FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN**
**(EIN 47-0390618, P001)**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i)**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**DECEMBER 31, 2009**

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of Investments, including maturity date, rate of investment, collateral, par, or maturity value | (e) Current value |
|---|---|---|---|
| continued | | | |
| * | Janus Forty Portfolio | Mutual Fund | 4,004 |
| * | Lord Abbett Bond Debenture Portfolio | Mutual Fund | 10,307 |
| * | T. Rowe Price Large Cap Growth Portfolio | Mutual Fund | 10,240 |
| * | Loomis Sayles Small Cap Portfolio | Mutual Fund | 12,795 |
| * | BlackRock Large Cap Value Portfolio | Mutual Fund | 15,176 |
| * | MFS Value Portfolio | Mutual Fund | 27,982 |
| * | MetLife Conservative to Moderate Allocation Portfolio | Mutual Fund | 5,986 |
| * | MetLife Moderate Allocation Portfolio | Mutual Fund | 59,890 |
| * | MetLife Moderate to Aggressive Allocation Portfolio | Mutual Fund | 37,133 |
| * | MetLife Aggressive Allocation Portfolio | Mutual Fund | 1,850 |
| * | FI Mid Cap Opportunities Portfolio | Mutual Fund | 15,675 |
| * | Met/Franklin Income Portfolio | Mutual Fund | 363 |
| * | T. Rowe Price Mid Cap Growth Portfolio | Mutual Fund | 71,656 |
| * | MFS Total Return Portfolio (PPA only) | Mutual Fund | 3,550 |
| * | Neuberger Berman Mid Cap Value Portfolio | Mutual Fund | 46,392 |
| * | MetLife Mid Cap Stock Index Portfolio | Mutual Fund | 26,165 |
| * | Oppenheimer Capital Appreciation Portfolio | Mutual Fund | 2,166 |
| * | PIMCO Inflation Protected Bond Portfolio | Mutual Fund | 17,701 |
| * | Russell 2000 Index Portfolio | Mutual Fund | 36,413 |
| * | MFS Research International Portfolio | Mutual Fund | 15,952 |
| * | Clarion Global Real Estate Portfolio | Mutual Fund | 22,271 |
| * | Western Asset Management Strategic Bond Opportunities | Mutual Fund | 13,337 |
| * | T. Rowe Price Small Cap Growth Portfolio | Mutual Fund | 1,128 |
| * | Franklin Templeton Small Cap Growth Portfolio | Mutual Fund | 11,789 |
| * | MetLife Stock Index Portfolio | Mutual Fund | 199,030 |
| * | Calvert Social Balanced Portfolio (Group Only) | Mutual Fund | 77,209 |
| * | American Funds Growth-Income Fund | Mutual Fund | 130,217 |
| * | PIMCO Total Return Portfolio | Mutual Fund | 88,427 |
| * | Davis Venture Value Portfolio | Mutual Fund | 40,410 |
| | | | **$ 2,385,101** |

* Indicates party-in-interest

**FAMILY SERVICE TAX-SHELTERED**
**ANNUITY PLAN**
**(EIN 47-0390618, P001)**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(a)**
**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

**DECEMBER 31, 2009**

| Participant Contributions Transferred Late to the Plan | | | Check Here if Late Participant Loan Repayments Are Included | Total That Constitutes Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|---|---|---|
| Amount Withheld | Date Withheld | Date Remitted | | Contributions Not Corrected | Contributions Corrected Outside Voluntary Fiduciary Correction Program | Contributions Pending Correction in Voluntary Fiduciary Correction Program | Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51 |
| $ 10,734.99 | 1/15/2009 | 2/23/2009 | | $ - | $ - | $ 10,734.99 | $ - |
| $ 10,847.61 | 1/30/2009 | 2/23/2009 | | $ - | $ - | $ 10,847.61 | $ - |
| $ 10,879.81 | 2/13/2009 | 3/23/2009 | | $ - | $ - | $ 10,879.81 | $ - |
| $ 10,928.68 | 2/27/2009 | 3/23/2009 | | $ - | $ - | $ 10,928.68 | $ - |
| $ 10,938.60 | 3/13/2009 | 4/20/2009 | | $ - | $ - | $ 10,938.60 | $ - |
| $ 10,914.28 | 3/31/2009 | 4/20/2009 | | $ - | $ - | $ 10,914.28 | $ - |
| $ 10,196.40 | 4/15/2009 | 5/26/2009 | | $ - | $ - | $ 10,196.40 | $ - |
| $ 10,038.01 | 4/30/2009 | 5/26/2009 | | $ - | $ - | $ 10,038.01 | $ - |
| $ 10,278.36 | 5/15/2009 | 6/22/2009 | | $ - | $ - | $ 10,278.36 | $ - |
| $ 10,210.24 | 5/29/2009 | 6/22/2009 | | $ - | $ - | $ 10,210.24 | $ - |
| $ 10,007.56 | 6/15/2009 | 7/27/2009 | | $ - | $ - | $ 10,007.56 | $ - |
| $ 10,046.39 | 6/30/2009 | 7/27/2009 | | $ - | $ - | $ 10,046.39 | $ - |
| $ 10,037.36 | 7/15/2009 | 8/28/2009 | | $ - | $ - | $ 10,037.36 | $ - |
| $ 10,359.36 | 7/31/2009 | 8/28/2009 | | $ - | $ - | $ 10,359.36 | $ - |
| $ 10,172.27 | 8/14/2009 | 9/28/2009 | | $ - | $ - | $ 10,172.27 | $ - |
| $ 10,419.81 | 8/31/2009 | 9/28/2009 | | $ - | $ - | $ 10,419.81 | $ - |
| $ 10,445.68 | 9/15/2009 | 11/2/2009 | | $ - | $ - | $ 10,445.68 | $ - |
| $ 10,246.06 | 9/30/2009 | 11/2/2009 | | $ - | $ - | $ 10,246.06 | $ - |
| $ 10,053.40 | 10/15/2009 | 11/30/2009 | | $ - | $ - | $ 10,053.40 | $ - |
| $ 10,616.17 | 10/30/2009 | 12/2/2009 | | $ - | $ - | $ 10,616.17 | $ - |
| $ 10,805.37 | 11/13/2009 | 12/24/2009 | | $ - | $ - | $ 10,805.37 | $ - |
| $ 10,716.82 | 11/30/2009 | 12/24/2009 | | $ - | $ - | $ 10,716.82 | $ - |
| $ 11,103.14 | 12/15/2009 | 2/1/2010 | | $ - | $ - | $ 11,103.14 | $ - |
| $ 11,318.94 | 12/30/2009 | 2/1/2010 | | $ - | $ - | $ 11,318.94 | $ - |

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110
1210 - 0089

**2009**

This Form is Open to Public Inspection

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [X] a single-employer plan;
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) _____

**B** This return/report is:
- [X] the first return/report;
- [X] an amended return/report;
- [ ] the final return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] special extension (enter description)
- [ ] automatic extension;
- [ ] the DFVC program;

## Part II Basic Plan Information - enter all requested information

**1a** Name of plan
FAMILY SERVICE TAX-SHELTERED ANNUITY PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 11/01/1970

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
HEARTLAND FAMILY SERVICE

2101 S. 42ND STREET

OMAHA NE 68105

2101 S. 42ND STREET

OMAHA NE 68105

**2b** Employer Identification Number (EIN) 47-0390618

**2c** Sponsor's telephone number 402-553-3000

**2d** Business code (see instructions) 813000

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| SIGN HERE | Signature of plan administrator | 10/15/2010 Date | JOHN HERZOG Enter name of individual signing as plan administrator |
| SIGN HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
V.092307.1

| 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") | 3b Administrator's EIN |
|---|---|
| SAME | 3c Administrator's telephone number |

| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | 4b EIN |
|---|---|
| a Sponsor's name | 4c PN |

| | | |
|---|---|---|
| 5 Total number of participants at the beginning of the plan year | 5 | 189 |
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | | |
| a Active participants | 6a | 90 |
| b Retired or separated participants receiving benefits | 6b | 18 |
| c Other retired or separated participants entitled to future benefits | 6c | 92 |
| d Subtotal. Add lines 6a, 6b, and 6c | 6d | 200 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | |
| f Total. Add lines 6d and 6e | 6f | 200 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | 200 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G 2L 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
|---|---|
| (1) [X] Insurance | (1) [X] Insurance |
| (2) [ ] Code section 412(e)(3) insurance contracts | (2) [ ] Code section 412(e)(3) insurance contracts |
| (3) [X] Trust | (3) [X] Trust |
| (4) [ ] General assets of the sponsor | (4) [ ] General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| a Pension Schedules | b General Schedules |
|---|---|
| (1) [X] R (Retirement Plan Information) | (1) [X] H (Financial Information) |
| (2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) [ ] I (Financial Information - Small Plan) |
| | (3) [X] 2 A (Insurance Information) |
| | (4) [ ] C (Service Provider Information) |
| (3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) [ ] D (DFE/Participating Plan Information) |
| | (6) [ ] G (Financial Transaction Schedules) |