

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☒ an amended return/report;</div><div>☐ the final return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☐ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1998
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 SOUTH 42 STREET OMAHA, NE 68105-2909	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 SOUTH 42 STREET
OMAHA, NE 68105-2909**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) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

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) ☒**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) ☒**H** (Financial Information)(2) ☐**I** (Financial Information – Small Plan)(3) ☒**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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
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.
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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	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
86	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	
86			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	77631
5 Current value of plan's interest under this contract in separate accounts at year end	5	32004

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ [SEE ATTACHED](#)

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. 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. ▶

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan</div> <div>HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>HEARTLAND FAMILY SERVICE</div>	<div>D Employer Identification Number (EIN)</div> <div>47-0390618</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>METROPOLITAN LIFE INSURANCE COMPANY</div>

(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	12/01/2008	11/30/2009

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.
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(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	239935
5 Current value of plan's interest under this contract in separate accounts at year end	5	1187699

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ SEE ATTACHED

b Premiums paid to carrier	6b	195338
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c Premiums due but unpaid at the end of the year	6c	
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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	
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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	
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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
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d Total of balance and additions (add b and c(6))	7d	
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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
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f Balance at the end of the current year (subtract e(5) from d)	7f	
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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 HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLAN	B Three-digit plan number (PN) ►	002
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)	16874	19507
(2) Participant contributions	1b(2)		
(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)	865103	1210925
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	327433	326344
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	1209410	1556776

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		18028
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		18028

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1209410	1538748
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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)	220058	
(B) Participants	2a(1)(B)		
(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)		220058
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)	289611	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		289611
(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		509669

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	180331	
(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)		180331
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		180331

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		329338
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ 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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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)

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

A Name of plan <u>HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEARTLAND FAMILY SERVICE</u>	D Employer Identification Number (EIN) <u>47-0390618</u>

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	<u>182432</u>
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): <u>13-5581829</u> <u>13-5570651</u> 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	<u>12</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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
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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

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

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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): _____

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

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

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

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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.

INDEPENDENT AUDITOR'S REPORT

The Finance Committee
Heartland Family Service Matching Contribution Plan
Omaha, Nebraska

We were engaged to audit the financial statements and supplemental schedule of Heartland Family Service Matching Contribution 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 schedule 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 schedule. 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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 Heartland Family Service Matching Contribution 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

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**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31	2009	2008
		(Unaudited)
ASSETS		
Investments, at fair value (Note 3)	\$ 1,537,269	1,192,536
Employer contributions receivable	19,507	16,874
TOTAL ASSETS	1,556,776	1,209,410
LIABILITIES		
Payable to Plan Sponsor	18,028	--
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,538,748	1,209,410

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION 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)	\$ 289,611
Employer contributions	220,058
Total additions	509,669
DEDUCTIONS FROM NET ASSETS:	
Distributions to participants	180,331
NET INCREASE	329,338
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,209,410
End of year	\$ 1,538,748

HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008 (Unaudited)

1. Description of the Plan

The following description of the Heartland Family Service Matching Contribution 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 March 24, 1998, and is a matching contribution plan covering the employees of the plan sponsor, Heartland Family Service (the “Agency” or the “Plan Sponsor”). The Plan covers the matching contributions earned on participant deferrals made to a separate 403(b) Plan. 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 – Employees who are 18 years of age and have completed 90 days of continuous employment and contribute to the separate 403(b) plan are eligible for matching contributions.

Contributions –Employer contributions are made through the Plan and consist of a matching contribution equal to 100% of the participant contributions made to the separate 403(b) Plan, up to 5% of the participant’s compensation for the plan year, plus 2% of the participant’s compensation for the plan year if the participant’s elective deferrals under the separate 403(b) Plan for the plan year equals or exceeds 5% of the participant’s compensation.

Participant Accounts – Individual accounts are maintained for each Plan participant. Each account is credited with the employer matching 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 subject to the following vesting percentages:

<u>Number of Years of Credited Service at Date of Termination</u>	<u>Nonforfeitable Vested Percentage</u>
Less than 3 years	0%
3 years or more	100%

In the event that the participant dies, is disabled or if retirement conditions are satisfied, the participant’s entire account is fully vested.

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2009 AND 2008 (Unaudited)

1. Description of the Plan - Continued

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.

Forfeitures – Forfeited participant balances are retained by the Plan and used to offset future Agency contributions or to pay Plan administrative expenses. Forfeitures available to the Agency as of December 31, 2009 were \$98. There were no forfeitures available to the Agency as of December 31, 2008.

Forfeitures used to offset Agency contributions during the years ended December 31, 2009 and 2008 were \$6,174 and \$1,707, respectively.

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.

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2009 AND 2008 (Unaudited)

2. Summary of Significant Accounting Policies and Procedures – continued

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. All administrative expenses were paid by the Plan Sponsor in 2009.

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.

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2009 AND 2008 (Unaudited)

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	\$ 326,344	327,433
Mutual funds	1,210,925	865,103
Net appreciation (reduction) in fair value of investments	289,611	

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	\$ 79,144	74,433
Guaranteed Interest Account – MetLife	247,200	253,000
MetLife Stock Index Portfolio	113,662	90,180
American Funds Growth Fund	89,959	**
American Funds Global Small Capitalization Fund	85,251	**

** - 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 \$289,611 for the year ended December 31, 2009.

Investments:	
Guaranteed investment contracts	\$ 13,195
Mutual Funds	276,416

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%.

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2009 AND 2008 (Unaudited)

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.

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2009 AND 2008 (Unaudited)

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:

	<u>Investments at Fair Value as of December 31, 2009</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed investment contracts	\$ --	79,144	247,200	326,344
Mutual Funds				
International funds	--	47,926	--	47,926
Balanced funds	--	552,295	--	552,295
Growth funds	--	298,836	--	298,836
Value funds	--	175,343	--	175,343
Fixed income funds	--	136,525	--	136,525
<u>Total investments at fair value</u>	\$ --	1,290,069	247,200	1,537,269

	<u>Investments at Fair Value as of December 31, 2008 (Unaudited)</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed investment contracts	\$ --	74,433	253,000	327,433
Mutual Funds				
International funds	--	31,275	--	31,275
Balanced funds	--	381,869	--	381,869
Growth funds	--	193,049	--	193,049
Value funds	--	122,523	--	122,523
Fixed income funds	--	136,387	--	136,387
<u>Total investments at fair value</u>	\$ --	939,536	253,000	1,192,536

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

	<u>2009</u>
Balance, beginning of year	\$ 253,000
Unrealized gains (losses) related to assets still held at the reporting date	10,651
<u>Purchases, sales, issuances, and settlements (net)</u>	<u>(16,451)</u>
<u>Balance, end of year</u>	<u>\$ 247,200</u>

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2009 AND 2008

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. In the event of termination, participants become fully vested in their accounts.

7. Tax Status

The 401(a) Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan is designed in accordance with the applicable sections of the Code. The Plan has been amended since receiving the determination letter; however, the Agency and the plan administrator believe the Plan is currently designed and operated in compliance with the applicable requirements of the Code.

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.

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN
(EIN 47-0390618, P002)**

**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	\$ 373
*	AXA Conserv Allocation	Mutual Fund	673
*	AXA Moderate - Plus Allocation	Mutual Fund	677
*	AXA Moderation Allocation	Mutual Fund	3,786
*	Alliance Bernstein Intl	Mutual Fund	5,609
*	BlackRock Basic Value Equity	Mutual Fund	148
*	Common Stock Index	Mutual Fund	7,795
*	Equity 500 Index	Mutual Fund	251
*	Franklin Templeton Allocation	Mutual Fund	2,198
*	GAMCO Small Company Value	Mutual Fund	237
*	Global Multi-Sector Equity	Mutual Fund	402
*	Large Cap Value Plus	Mutual Fund	3,661
*	PIMCO Ultra Short Bond	Mutual Fund	1,207
*	Van Kampen Mid Cap Growth	Mutual Fund	518
*	Multimanager Aggressive Equity	Mutual Fund	2,955
*	Equi-Vest Account	Guaranteed Interest Account	79,144
	Metropolitan Life Insurance Company		
*	Guaranteed account	Guaranteed Interest Account	247,200
*	BlackRock Aggressive Growth Portfolio	Mutual Fund	13,104
*	Lazard Mid Cap Portfolio	Mutual Fund	2,134
*	Met/AIM Small Cap Growth Portfolio	Mutual Fund	3,964
*	BlackRock Strategic Value Portfolio	Mutual Fund	14,808
*	American Funds Balanced Allocation Portfolio	Mutual Fund	713
*	American Funds Bond Fund	Mutual Fund	3,620
*	Lehman Brothers Aggregate Bond Index Portfolio	Mutual Fund	22,876
*	Cyclical Growth ETF Portfolio	Mutual Fund	5,792
*	BlackRock Diversified Portfolio	Mutual Fund	56,384
*	FI Value Leaders Portfolio	Mutual Fund	1,432
*	American Funds Growth Allocation Portfolio	Mutual Fund	2,052
*	Oppenheimer Global Equity Portfolio	Mutual Fund	2,996
*	BlackRock Legacy Large Cap Growth Portfolio	Mutual Fund	3,062
*	American Funds Growth Fund	Mutual Fund	89,959
*	BlackRock Large Cap Core Portfolio	Mutual Fund	24,794
*	American Funds Global Small Capitalization Fund	Mutual Fund	85,251
*	Western Asset Management US Government Portfolio	Mutual Fund	3,112
*	Harris Oakmark Focused Value Portfolio	Mutual Fund	35,508
*	BlackRock Bond Income Portfolio	Mutual Fund	13,418
*	Harris Oakmark International Portfolio	Mutual Fund	34,054
*	Morgan Stanley EAFE Index Portfolio	Mutual Fund	25,878
*	Julius Baer International Portfolio	Mutual Fund	13,873
*	RCM Technology Portfolio	Mutual Fund	3,899
*	Janus Forty Portfolio	Mutual Fund	6,710
*	Lord Abbett Bond Debenture Portfolio	Mutual Fund	7,960

continued

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN
(EIN 47-0390618, P002)**

**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			
*	T. Rowe Price Large Cap Growth Portfolio	Mutual Fund	956
*	Loomis Sayles Small Cap Portfolio	Mutual Fund	15,812
*	BlackRock Large Cap Value Portfolio	Mutual Fund	19,306
*	MFS Value Portfolio	Mutual Fund	22,713
*	MetLife Conservative to Moderate Allocation Portfolio	Mutual Fund	11,281
*	MetLife Moderate Allocation Portfolio	Mutual Fund	17,970
*	MetLife Moderate to Aggressive Allocation Portfolio	Mutual Fund	51,360
*	MetLife Aggressive Allocation Portfolio	Mutual Fund	2,591
*	FI Mid Cap Opportunities Portfolio	Mutual Fund	12,634
*	Met/Franklin Income Portfolio	Mutual Fund	463
*	T. Rowe Price Mid Cap Growth Portfolio	Mutual Fund	43,820
*	MFS Total Return Portfolio (PPA only)	Mutual Fund	2,873
*	Neuberger Berman Mid Cap Value Portfolio	Mutual Fund	39,038
*	MetLife Mid Cap Stock Index Portfolio	Mutual Fund	19,912
*	Oppenheimer Capital Appreciation Portfolio	Mutual Fund	2,097
*	PIMCO Inflation Protected Bond Portfolio	Mutual Fund	23,851
*	Russell 2000 Index Portfolio	Mutual Fund	26,309
*	MFS Research International Portfolio	Mutual Fund	14,523
*	Clarion Global Real Estate Portfolio	Mutual Fund	18,233
*	Western Asset Management Strategic Bond Opportunities	Mutual Fund	11,250
*	T. Rowe Price Small Cap Growth Portfolio	Mutual Fund	1,285
*	Franklin Templeton Small Cap Growth Portfolio	Mutual Fund	5,589
*	MetLife Stock Index Portfolio	Mutual Fund	113,662
*	Calvert Social Balanced Portfolio (Group Only)	Mutual Fund	67,080
*	American Funds Growth-Income Fund	Mutual Fund	76,075
*	PIMCO Total Return Portfolio	Mutual Fund	49,230
*	Davis Venture Value Portfolio	Mutual Fund	33,169
			\$ 1,537,269

* Indicates party-in-interest

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 1 st 20 years and 4% thereafter. 3 year setback for females.
	8-1-83 and later	1958 CSO Table at 4 ½% for 1 st 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 1 st 30 years and 3 ½% thereafter. 3 year setback for females.
	8-1-83 and later	1958 CSO Table at 4% for 1 st 30 years and 3 ½% thereafter. No setback for females.
Pension Life Insurance Policy	pre 1974	1958 CSO Table at 3 ½% for 1 st 20 years and 3% thereafter. No setback for females.
	1974-5/31/81	1958 CSO Table at 3 ½% for 1 st 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 1 st 20 years and 2 ½% thereafter. No setback for females.
	1974 and later	1958 CSO Table at 3 ½% for 1 st 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. 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.
		Separate Account – accumulative stage, net investment performance
		Payout stage: 1983 Table a (Metropolitan-Adjusted, Unisex) at 3% interest.
Asset Accumulation Annuity	4-1-85 and later	1983 Table a (Metropolitan Adjusted Unisex) at 3% interest.
Growth Plus Account	4-1-90 and later	
Preference Plus Account	9-1-90 and later	
Max1	3-1-93 and later	

*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."

**HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN
(EIN 47-0390618, P002)**

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

DECEMBER 31, 2009

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*	American Funds Growth Fund	Mutual Fund	89,959
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*	Janus Forty Portfolio	Mutual Fund	6,710
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continued

HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN
(EIN 47-0390618, P002)

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

DECEMBER 31, 2009

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*	Davis Venture Value Portfolio	Mutual Fund	33,169
			<u>\$ 1,537,269</u>

* Indicates party-in-interest

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**

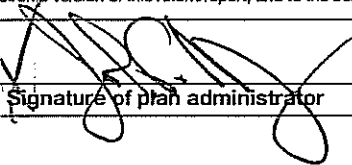
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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 HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLAN	1b Three-digit plan number (PN) ► 002
	1c Effective date of plan 01/01/1998
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 SOUTH 42 STREET OMAHA NE 68105-2909 2101 SOUTH 42 STREET OMAHA NE 68105-2909	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 	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

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")
SAME

3b Administrator's EIN

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:

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) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ 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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☒ **2 A** (Insurance Information)
 (4) ☐ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)