

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
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	<u>HEARTLAND FAMILY SERVICE TAX-SHELTERED ANNUITY PLA</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>11/01/1970</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)	<u>HEARTLAND FAMILY SERVICE</u> <u>2101 S. 42ND STREET</u> <u>OMAHA, NE 68105</u>		
	2b Employer Identification Number (EIN)	<u>47-0390618</u>	
	2c Sponsor's telephone number	<u>402-553-3000</u>	
	2d Business code (see instructions)	<u>813000</u>	

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.	10/15/2012	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 (2011)
v.012611

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
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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
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5 Total number of participants at the beginning of the plan year	5	378
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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	294
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	82
d Subtotal. Add lines 6a , 6b , and 6c	6d	377
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	377
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	245
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 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
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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)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>HEARTLAND FAMILY SERVICE TAX-SHELTERED ANNUITY PLA</u>	B Three-digit plan number (PN) ►	<u>001</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	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
<u>13-5570651</u>	<u>62944</u>	<u>714708-0001</u>	<u>11</u>		<u>12/31/2011</u>

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
<u>208</u>	<u>0</u>

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	
<u>208</u>			<u>3</u>

(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	272770
5 Current value of plan's interest under this contract in separate accounts at year end	5	110155

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. 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 ▶ **GUARANTEED INTEREST OPTION**

b Balance at the end of the previous year	7b	269493
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c Additions: (1) Contributions deposited during the year	7c(1)	2697	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	8054	
(4) Transferred from separate account	7c(4)	6271	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	17022
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d Total of balance and additions (add b and c(6))	7d	286515
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13668	
(2) Administration charge made by carrier	7e(2)	77	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	13745
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f Balance at the end of the current year (subtract e(5) from d)	7f	272770
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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 organizations(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) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2011 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>HEARTLAND FAMILY SERVICE TAX-SHELTERED ANNUITY PLA</u>	B Three-digit plan number (PN) ►	<u>001</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	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
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
<u>13-5581829</u>	<u>65978</u>	<u>0082090</u>	<u>249</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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
<u>0</u>	<u>0</u>

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	502726
5 Current value of plan's interest under this contract in separate accounts at year end	5	2286813

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. 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 ▶ **GROUP DEFERRED ANNUITIES**

b Balance at the end of the previous year	7b	417072
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c Additions: (1) Contributions deposited during the year	7c(1)	23064	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	13906	
(4) Transferred from separate account	7c(4)	62210	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	99180
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d Total of balance and additions (add b and c(6))	7d	516252
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13525	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	13525
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f Balance at the end of the current year (subtract e(5) from d)	7f	502727
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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 organizations(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>HEARTLAND FAMILY SERVICE TAX-SHELTERED ANNUITY PLA</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA CONSERVATIVE ALLOCATION</u>			
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE</u>			
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4342</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA CONSERVATIVE PLUS ALLOCATION</u>			
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE</u>			
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7384</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA MODERATE ALLOCATION</u>			
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE</u>			
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7648</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA MODERATE PLUS ALLOCATION</u>			
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE</u>			
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10458</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/CAPITAL GUARDIAN RESEARCH</u>			
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE</u>			
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>393</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/COM STCK INDEX</u>			
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE</u>			
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14148</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/EQUITY 500 INDEX</u>			
b Name of sponsor of entity listed in (a): <u>AXA EQUITABLE</u>			
c EIN-PN <u>13-5570651-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3823</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/FRANKLIN TEMPLETON ALLOCTN		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22018

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/GLOBAL MULTI-SECTOR EQUITY		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5199

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/INTERNATIONAL EQUITY INDEX		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10273

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP GROWTH PLUS		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 298

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/LARGE CAP VALUE PLUS		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1656

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MORGAN STANLEY MID CAP GROW		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6347

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/PIMCO ULTRA SHORT BOND		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8863

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER AGGRESSIVE EQUITY		
b Name of sponsor of entity listed in (a): AXA EQUITABLE		
c EIN-PN 13-5570651-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7303

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LEGACY LARGE CAP GROWTH P		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23466

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK AGGRESSIVE GROWTH PORTFOL		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31244

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD MID CAP PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2648

a Name of MTIA, CCT, PSA, or 103-12 IE: MET/AIM SMALL CAP GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1583

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK STRATEGIC VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25432

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED ALLOCATION		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4717

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BOND FUND		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25283

a Name of MTIA, CCT, PSA, or 103-12 IE: LEHMAN BROTHERS AGGREGATE BOND INDE		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78274

a Name of MTIA, CCT, PSA, or 103-12 IE: CYCLICAL GROWTH ETF PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7615

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK DIVERSIFIED PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97439

a Name of MTIA, CCT, PSA, or 103-12 IE: MET/FRANKLIN TEMPLETON FOUNDING STR		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 956

a Name of MTIA, CCT, PSA, or 103-12 IE: FI VALUE LEADERS PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 530

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH ALLOCATION PO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21793

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL EQUITY PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2313

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170663

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP CORE PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20872

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GLOBAL SMALL CAPITAL		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 114796

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET MANAGEMENT US GOVERNMENT		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25166

a Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS OAKMARK FOCUSED VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54483

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK BOND INCOME PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24385

a Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS OAKMARK INTERNATIONAL PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75666

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY EAFE INDEX PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30254

a Name of MTIA, CCT, PSA, or 103-12 IE: JULIUS BAER INTERNATIONAL PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35477

a Name of MTIA, CCT, PSA, or 103-12 IE: RCM TECHNOLOGY PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19152

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS FORTY PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18340

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT BOND DEBENTURE PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7276

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE LARGE CAP GROWTH PORT		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES SMALL CAP PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20108

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16466

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26365

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE CONSERVATIVE TO MODERATE AL		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7779

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MODERATE ALLOCATION PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109152

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MODERATE TO AGGRESSIVE ALLO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115923

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE AGGRESSIVE STRATEGY PORTFOL		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20324

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GLOBAL SMALL CAPITAL		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5405

a Name of MTIA, CCT, PSA, or 103-12 IE: MET/FRANKLIN INCOME PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6400

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE MID CAP GROWTH PORTFO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93237

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS TOTAL RETURN PORTFOLIO (PPA ONL		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2720

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN MID CAP VALUE PORT		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71988

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MID CAP STOCK INDEX PORTFOL		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29783

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER CAPITAL APPRECIATION PO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1250

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INFLATION PROTECTED BOND PORT		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40520

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40885

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS RESEARCH INTERNATIONAL PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10618

a Name of MTIA, CCT, PSA, or 103-12 IE: CLARION GLOBAL REAL ESTATE PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22793

a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET MANAGEMENT STRATEGIC		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18211

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SMALL CAP GROWTH PORT		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39492

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN TEMPLETON SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16504

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STOCK INDEX PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 215574

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH PORTFOLIO		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13992

a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT SOCIAL BALANCED PORTFOLIO (		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98473

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH-INCOME FUND		
b Name of sponsor of entity listed in (a): METLIFE		
c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170442

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN PORTFOLIO**b** Name of sponsor of entity listed in (a): METLIFE

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110744
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a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS VENTURE VALUE PORTFOLIO**b** Name of sponsor of entity listed in (a): METLIFE

c EIN-PN 13-5581829-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41837
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan HEARTLAND FAMILY SERVICE TAX-SHELTERED ANNUITY PLA		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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		16193
	(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)	2100502	2396968
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	686565	775496
	(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	2787067	3188657

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1821	1663
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1821	1663

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2785246	3186994
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	351307	
(C) Others (including rollovers)	2a(1)(C)	215348	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		566655

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)		
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(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)	-68754	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-68754
(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		497901

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	95925	
(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)		95925
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)	228	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		228
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		96153

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		401748
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)

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>HEARTLAND FAMILY SERVICE TAX-SHELTERED ANNUITY PLA</u>	B Three-digit plan number (PN) ▶ <u>001</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
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

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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. 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.
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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): _____

- 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
TAX-SHELTERED ANNUITY PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2011 AND 2010
(WITH INDEPENDENT AUDITOR'S REPORT)**

**HEARTLAND 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, 2011 and 2010	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2011 and 2010	3
Notes to Financial Statements	4-10
SUPPLEMENTAL SCHEDULE:	
Form 5500, Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)	11-12

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.

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits of Heartland Family Service Tax-Sheltered Annuity Plan (the "Plan") as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's 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 years ended December 31, 2011 and 2010, 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 supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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.

*

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31	2011	2010
ASSETS		
Investments, at fair value (Note 3)	\$ 3,172,464	2,787,067
Participant contributions receivable	16,193	--
TOTAL ASSETS	3,188,657	2,787,067
LIABILITIES		
Payable to Plan Sponsor	1,663	1,821
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,186,994	2,785,246

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31,	2011	2010
ADDITIONS TO NET ASSETS:		
Net appreciation (reduction) in fair value of investments (Note 3)	\$ (68,754)	262,420
Participant contributions	566,655	354,141
Total additions	497,901	616,561
DEDUCTIONS FROM NET ASSETS:		
Distributions to participants	95,925	218,038
Administrative expenses	228	204
Total deductions	96,153	218,242
NET INCREASE	401,748	398,319
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	2,785,246	2,386,927
End of year	\$ 3,186,994	2,785,246

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

1. Description of the Plan

The following description of the Heartland Family Service Tax-Sheltered Annuity Plan (the "Plan") (formally the Family Service Tax-Sheltered Annuity 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 – Employees are immediately eligible to participate in the Plan.

Contributions – Participants may contribute up to 100% of their pretax annual compensation to the Plan, not to exceed the maximum allowed by the Code. 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 MetLife, Inc., trustee of the Plan, a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50 percent of their account balance. The loans are not assets of the Plan but are collateralized by the balance in the participant's account. Principal and interest is paid in quarterly installments by the participant. Outstanding loans were \$106,663 and \$50,800 as of December 31, 2011 and 2010, respectively.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2011 AND 2010

2. Summary of Significant Accounting Policies and Procedures

Basis of Accounting – The accompanying financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. 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, 2011, 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
TAX-SHELTERED ANNUITY PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2011 AND 2010

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, 2011 and 2010 is complete and accurate. The following is a summary of the information certified by the trustees.

	<u>2011</u>	<u>2010</u>
Investments:		
Guaranteed investment contracts	\$ 775,496	686,565
Mutual funds	2,396,968	2,100,502
Net appreciation (reduction) in fair value of investments	(68,754)	262,420

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	\$ 272,770	269,493
Guaranteed Interest Account – MetLife	502,726	417,072
MetLife Stock Index Portfolio	215,574	199,256
American Funds Growth – Income Fund	170,442	152,302
American Funds Growth Fund	170,663	148,376

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) had a (reduction) appreciation in value of (\$68,754) and \$262,420 for the years ended December 31, 2011 and 2010, respectively.

Investments:		
Guaranteed investment contracts	\$ 21,960	17,913
Mutual Funds	(90,714)	244,507

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, 2011 and 2010 was 3.0%.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2011 AND 2010

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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2011 AND 2010 (Unaudited)

5. Fair Value Measurements - Continued

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2011 and 2010:

<u>Investments at Fair Value as of December 31, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed investment contracts	\$ --	272,770	502,726	775,496
Mutual Funds				
International funds	--	126,820	--	126,820
Balanced funds	--	1,064,949	--	1,064,949
Growth funds	--	627,714	--	627,714
Value funds	--	238,765	--	238,765
Fixed income funds	--	338,720	--	338,720
<u>Total investments at fair value</u>	\$ --	<u>2,669,738</u>	<u>502,726</u>	<u>3,172,464</u>

<u>Investments at Fair Value as of December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed investment contracts	\$ --	269,493	417,072	686,565
Mutual Funds				
International funds	--	100,393	--	100,393
Balanced funds	--	952,134	--	952,134
Growth funds	--	549,025	--	549,025
Value funds	--	218,665	--	218,665
Fixed income funds	--	280,285	--	280,285
<u>Total investments at fair value</u>	\$ --	<u>2,369,995</u>	<u>417,072</u>	<u>2,787,067</u>

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2011 AND 2010

5. Fair Value Measurements - Continued

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

	<u>2011</u>	<u>2010</u>
Balance, beginning of year	\$ 417,072	321,437
Unrealized gains (losses) related to assets still held at the reporting date	13,906	10,542
Purchases, sales, issuances, and settlements (net)	71,748	85,093
<u>Balance, end of year</u>	<u>\$ 502,726</u>	<u>417,072</u>

6. Plan Termination

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

7. Tax Status

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 IRC 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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2011 AND 2010

7. Tax Status - Continued

The Plan is not a taxpaying entity for income tax purposes and, accordingly, no provision has been made for income taxes. 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, 2011, 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
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, 2011

(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	\$ 4,342
*	AXA Conserv Allocation	Mutual Fund	7,384
*	AXA Moderate - Plus Allocation	Mutual Fund	7,648
*	AXA Moderation Allocation	Mutual Fund	10,458
*	Capital Guardian Research	Mutual Fund	393
*	Common Stock Index	Mutual Fund	14,148
*	Equity 500 Index	Mutual Fund	3,823
*	Franklin Templeton Allocation	Mutual Fund	22,018
*	Global Multi-Sector Equity	Mutual Fund	5,199
*	International Equity Index	Mutual Fund	10,273
*	Large Cap Growth Plus	Mutual Fund	298
*	Large Cap Value Plus	Mutual Fund	1,656
*	Morgan Stanley Mid Cap Growth	Mutual Fund	6,347
*	PIMCO Ultra Short Bond	Mutual Fund	8,863
*	Multimanager Aggressive Equity	Mutual Fund	7,303
*	Equi-Vest Account	Guaranteed Interest Account	272,770
	Metropolitan Life Insurance Company		
*	Guaranteed account	Guaranteed Interest Account	502,726
*	BlackRock Aggressive Growth Portfolio	Mutual Fund	31,244
*	Lazard Mid Cap Portfolio	Mutual Fund	2,648
*	Met/AIM Small Cap Growth Portfolio	Mutual Fund	1,583
*	BlackRock Strategic Value Portfolio	Mutual Fund	25,432
*	American Funds Balanced Allocation Portfolio	Mutual Fund	4,717
*	American Funds Bond Fund	Mutual Fund	25,283
*	Lehman Brothers Aggregate Bond Index Portfolio	Mutual Fund	78,274
*	Cyclical Growth ETF Portfolio	Mutual Fund	7,615
*	BlackRock Diversified Portfolio	Mutual Fund	97,439
*	Met/Franklin Templeton Founding Strategy Portfolio	Mutual Fund	956
*	FI Value Leaders Portfolio	Mutual Fund	530
*	American Funds Growth Allocation Portfolio	Mutual Fund	21,793
*	Oppenheimer Global Equity Portfolio	Mutual Fund	2,313
*	BlackRock Legacy Large Cap Growth Portfolio	Mutual Fund	23,466
*	American Funds Growth Fund	Mutual Fund	170,663
*	BlackRock Large Cap Core Portfolio	Mutual Fund	20,872
*	American Funds Global Small Capitalization Fund	Mutual Fund	114,796
*	Western Asset Management US Government Portfolio	Mutual Fund	25,166
*	Harris Oakmark Focused Value Portfolio	Mutual Fund	54,483
*	BlackRock Bond Income Portfolio	Mutual Fund	24,385
*	Harris Oakmark International Portfolio	Mutual Fund	75,666
*	Morgan Stanley EAFE Index Portfolio	Mutual Fund	30,254
*	Julius Baer International Portfolio	Mutual Fund	35,477
*	RCM Technology Portfolio	Mutual Fund	19,152
*	Janus Forty Portfolio	Mutual Fund	18,340

continued

**HEARTLAND 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, 2011

(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			
*	Lord Abbett Bond Debenture Portfolio	Mutual Fund	7,276
*	T. Rowe Price Large Cap Growth Portfolio	Mutual Fund	5
*	Loomis Sayles Small Cap Portfolio	Mutual Fund	20,108
*	BlackRock Large Cap Value Portfolio	Mutual Fund	16,466
*	MFS Value Portfolio	Mutual Fund	26,365
*	MetLife Conservative to Moderate Allocation Portfolio	Mutual Fund	7,779
*	MetLife Moderate Allocation Portfolio	Mutual Fund	109,152
*	MetLife Moderate to Aggressive Allocation Portfolio	Mutual Fund	115,923
*	MetLife Aggressive Strategy Portfolio	Mutual Fund	20,324
*	American Funds Global Small Capitalization Fund	Mutual Fund	5,405
*	Met/Franklin Income Portfolio	Mutual Fund	6,401
*	T. Rowe Price Mid Cap Growth Portfolio	Mutual Fund	93,237
*	MFS Total Return Portfolio (PPA only)	Mutual Fund	2,720
*	Neuberger Berman Mid Cap Value Portfolio	Mutual Fund	71,988
*	MetLife Mid Cap Stock Index Portfolio	Mutual Fund	29,783
*	Oppenheimer Capital Appreciation Portfolio	Mutual Fund	1,250
*	PIMCO Inflation Protected Bond Portfolio	Mutual Fund	40,520
*	Russell 2000 Index Portfolio	Mutual Fund	40,885
*	MFS Research International Portfolio	Mutual Fund	10,619
*	Clarion Global Real Estate Portfolio	Mutual Fund	22,793
*	Western Asset Management Strategic Bond Opportunities	Mutual Fund	18,211
*	T. Rowe Price Small Cap Growth Portfolio	Mutual Fund	39,492
*	Franklin Templeton Small Cap Growth Portfolio	Mutual Fund	16,504
*	MetLife Stock Index Portfolio	Mutual Fund	215,574
*	Invesco Small Cap Growth Portfolio	Mutual Fund	13,992
*	Calvert Social Balanced Portfolio (Group Only)	Mutual Fund	98,473
*	American Funds Growth-Income Fund	Mutual Fund	170,442
*	PIMCO Total Return Portfolio	Mutual Fund	110,744
*	Davis Venture Value Portfolio	Mutual Fund	41,837
			\$ 3,172,464

* Indicates party-in-interest

**HEARTLAND 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)**

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**HEARTLAND 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, 2011

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			\$ 3,172,464

* 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), 6057(b), 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**2011****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

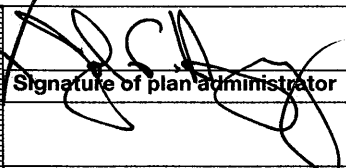
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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 TAX-SHELTERED ANNUITY PLA	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 11/01/1970
2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) HEARTLAND FAMILY SERVICE 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		10/15/2012	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 (2011)
V.012611**

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

5 378

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 294

b Retired or separated participants receiving benefits

6b 1

c Other retired or separated participants entitled to future benefits

6c 82

d Subtotal. Add lines **6a**, **6b**, and **6c**

6d 377

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e

f Total. Add lines **6d** and **6e**

6f 377

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g 245

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:
2F 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)