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).

▶ **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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLA

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HEARTLAND FAMILY SERVICE

2101 SOUTH 42 STREET
OMAHA, NE 68105-2909

2b Employer Identification Number (EIN) 47-0390618

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

2d Business code (see instructions) 813000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	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

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

2101 SOUTH 42 STREET
OMAHA, NE 68105-2909

3b Administrator's EIN
47-0390618

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	357
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**	282
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	72
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	355
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	355
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	223
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

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 MATCHING CONTRIBUTION PLA

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
47-0390618

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

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	714708-0001	10	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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	
			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	89409
5	Current value of plan's interest under this contract in separate accounts at year end	5	26437

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED INTEREST OPTION

b	Balance at the end of the previous year			7b	84000
c	Additions: (1) Contributions deposited during the year	7c(1)	2897		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2543		
	(4) Transferred from separate account	7c(4)	701		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	6141
d	Total of balance and additions (add **b** and **c(6)**).			7d	90141
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	732		
	(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)	732
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	89409

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2011

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 MATCHING CONTRIBUTION PLA

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
47-0390618

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0082090	249	12/01/2010	11/30/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	354468
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	1590703

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	299475
c	Additions: (1) Contributions deposited during the year	**7c(1)**	22839		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	9860		
	(4) Transferred from separate account	**7c(4)**	23985		
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	56684
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	356159
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	1691		
	(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)**	1691
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	354468

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.

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 MATCHING CONTRIBUTION PLA

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
47-0390618

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA CONSERATIVE ALLOCATION

b Name of sponsor of entity listed in (a): AXA EQUITABLE

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)
13-5570651-000	P	394

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA CONSERATIVE PLUS ALLOCATION

b Name of sponsor of entity listed in (a): AXA EQUITABLE

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)
13-5570651-000	P	716

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE ALLOCATION

b Name of sponsor of entity listed in (a): AXA EQUITABLE

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)
13-5570651-000	P	698

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE PLUS ALLOCATION

b Name of sponsor of entity listed in (a): AXA EQUITABLE

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)
13-5570651-000	P	3275

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/COM STCK INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE

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)
13-5570651-000	P	8150

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/EQUITY 500 INDEX

b Name of sponsor of entity listed in (a): AXA EQUITABLE

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)
13-5570651-000	P	285

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)
13-5570651-000	P	2257

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) 317

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) 4269

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) 2197

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) 616

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) 1182

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) 2080

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) 8873

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) 14814

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) 3668

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) 4820

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) 20419

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) 6379

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) 4850

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) 24730

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) 7451

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) 50642

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) 1134

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) 701

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) 29621

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) 2436

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) 130513
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) 21540
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) 92949
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET MANAGEMENT US GOVERNM		
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) 9079
a Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS OAKMARK FOCUSED VALUE 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) 50746
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) 17751
a Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS OAKMARK INTERNATIONAL 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) 55196
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) 27893
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) 11925
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) 9373

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) 12822
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT BOND DEBENTURE PORTFOLI		
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) 6693
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) 20095
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) 21058
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) 26456
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) 13017
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MODERATE ALLOCATION 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) 34679
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) 137768
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) 8777
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) 6872

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) 1263
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) 57542
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) 2907
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) 50383
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) 20215
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) 1765
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) 39328
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) 31356
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS RESEARCH INTERNATIONAL PORTFOLI		
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) 14687
a Name of MTIA, CCT, PSA, or 103-12 IE: CLARION GLOBAL REAL ESTATE PORTFOLI		
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) 23118

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) 17221
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) 12203
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) 8236
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) 131532
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) 11697
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) 88572
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) 95319
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) 59725
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) 27895
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)

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
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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

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 MATCHING CONTRIBUTION PLA

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
47-0390618

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		14753
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1492031	1617140
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	383475	443877
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1875506	2075770
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3621	1518
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	3621	1518
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1871885	2074252

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	326683	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		326683
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-49968	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-49968
	(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		276715
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74348	
	(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)		74348
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		74348
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		202367
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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.

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 MATCHING CONTRIBUTION PLA

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
47-0390618

Part I 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): 13-5581829 13-5570651

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (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

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.

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
MATCHING CONTRIBUTION PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

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

HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN

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

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits of Heartland Family Service Matching Contribution 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 supplemental schedule of assets (held at end of year). These financial statements and supplemental schedule 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 supplement 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
MATCHING CONTRIBUTION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31		2011	2010
ASSETS			
Investments, at fair value (Note 3)	$	2,061,017	1,875,506
Employer contributions receivable		14,753	--
TOTAL ASSETS		**2,075,770**	**1,875,506**
LIABILITIES			
Payable to Plan Sponsor		**1,518**	**3,621**
NET ASSETS AVAILABLE FOR BENEFITS	**$**	**2,074,252**	**1,871,885**

See accompanying notes to financial statements.

HEARTLAND FAMILY SERVICE
MATCHING CONTRIBUTION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31,		2011	2010
ADDITIONS TO NET ASSETS:			
Net appreciation (reduction) in fair value of investments (Note 3)	$	(49,968)	196,952
Employer contributions		326,683	257,559
Total additions		**276,715**	**454,511**
DEDUCTIONS FROM NET ASSETS:			
Distributions to participants		74,348	121,374
NET INCREASE		**202,367**	**333,137**
NET ASSETS AVAILABLE FOR BENEFITS			
Beginning of year		1,871,885	1,538,748
End of year	**$**	**2,074,252**	**1,871,885**

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Heartland Family Service Matching Contribution Plan (the "Plan") provides general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan was established effective March 24, 1998, and is a matching contribution plan covering the employees of the plan sponsor, Heartland Family Service (the "Agency" or the "Plan Sponsor"). The Plan covers the matching contributions earned on participant deferrals made to a separate 403(b) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, and is intended to qualify under the applicable sections of the Internal Revenue Code (the "Code") of 1986, as amended.

Eligibility – Employees who are 18 years of age and have completed 90 days of continuous employment and contribute to the separate 403(b) plan are eligible for matching contributions.

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

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

Vesting – A participant's interest is subject to the following vesting percentages:

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

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

Continued

1. Description of the Plan - Continued

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

Forfeitures – Forfeited participant balances are retained by the Plan and used to offset future Agency contributions or to pay Plan administrative expenses. There were no unused forfeitures as of December 31, 2011. Forfeitures available to the Agency as of December 31, 2010 was $222.

Forfeitures used to offset Agency contributions during the years ended December 31, 2011 and 2010 were $2,019 and $14,228, respectively.

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.

2. Summary of Significant Accounting Policies and Procedures – Continued

Payment of Benefits – Benefits are recorded when paid.

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

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.

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.

	2011	2010
Investments:		
Guaranteed investment contracts	$ 443,877	383,475
Mutual funds	1,617,140	1,492,031
Net appreciation (reduction) in fair value of investments	(49,968)	196,952

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 – MetLife	$ 354,468	299,475
MetLife Stock Index Portfolio	131,533	123,308
American Funds Growth Fund	130,513	120,899
American Funds Global Small Capitalization Fund	**	107,368
MetLife Moderate to Aggressive Allocation Portfolio	137,768	107,239
American Funds Growth-Income Fund	**	94,900

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

3. Investments – continued

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 ($49,968) and $196,952 for the years ended December 31, 2011 and 2010, respectively.

	2011	2010
Investments:		
Guaranteed investment contracts	$ 12,404	11,896
Mutual Funds	(62,372)	185,056

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%.

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.

Continued

5. Fair Value Measurements - continued

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

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

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

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

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

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

	Investments at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	$ --	89,409	354,468	443,887
Mutual Funds				
International funds	--	78,262	--	78,262
Balanced funds	--	711,224	--	711,224
Growth funds	--	440,873	--	440,873
Value funds	--	206,221	--	206,221
Fixed income funds	--	180,560	--	180,560
Total investments at fair value	**$ --**	**1,706,549**	**354,468**	**2,061,017**

Continued

5. Fair Value Measurements - Continued

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	$ --	84,000	299,475	383,475
Mutual Funds				
International funds	--	68,482	--	68,482
Balanced funds	--	645,449	--	645,449
Growth funds	--	421,940	--	421,940
Value funds	--	190,528	--	190,528
Fixed income funds	--	165,632	--	165,632
Total investments at fair value	**$ --**	**1,576,031**	**299,475**	**1,875,506**

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

	2011	2010
Balance, beginning of year	$ 299,475	247,200
Unrealized gains (losses) related to assets still held at the reporting date	9,860	8,357
Purchases, sales, issuances, and settlements (net)	45,133	43,918
Balance, end of year	**$ 354,468**	**299,475**

6. Plan Termination

Although it has not expressed any intent to do so, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination, participants become fully vested in their accounts.

7. Tax Status

The Plan is a prototype non-standardized plan created by Sungard Corbel LLC and adopted by the Plan Sponsor on January 1, 2009. On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualifies under Section 401(a) of the Internal Revenue Code. The Plan has not received a determination letter specific to the Plan and has been amended since the initial opinion. However, the plan administrator believes that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

8. Party-in-Interest Transactions

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

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

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

DECEMBER 31, 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	$ 394
*	AXA Conserv Allocation	Mutual Fund	716
*	AXA Moderate - Plus Allocation	Mutual Fund	698
*	AXA Moderation Allocation	Mutual Fund	3,275
*	Common Stock Index	Mutual Fund	8,150
*	Equity 500 Index	Mutual Fund	285
*	Franklin Templeton Allocation	Mutual Fund	2,257
*	Global Multi-Sector Equity	Mutual Fund	317
*	International Equity Index	Mutual Fund	4,269
*	Large Cap Value Plus	Mutual Fund	2,197
*	Morgan Stanley Mid Cap Growth	Mutual Fund	616
*	PIMCO Ultra Short Bond	Mutual Fund	1,182
*	Multimanager Aggressive Equity	Mutual Fund	2,080
*	Equi-Vest Account	Guaranteed Interest Account	89,409
	Metropolitan Life Insurance Company		
*	Fixed Interest	Guaranteed Interest Account	354,468
*	BlackRock Aggressive Growth Portfolio	Mutual Fund	14,814
*	Lazard Mid Cap Portfolio	Mutual Fund	3,668
*	Met/AIM Small Cap Growth Portfolio	Mutual Fund	4,820
*	BlackRock Strategic Value Portfolio	Mutual Fund	20,419
*	American Funds Balanced Allocation Portfolio	Mutual Fund	6,379
*	American Funds Bond Fund	Mutual Fund	4,850
*	Lehman Brothers Aggregate Bond Index Portfolio	Mutual Fund	24,730
*	Cyclical Growth ETF Portfolio	Mutual Fund	7,452
*	BlackRock Diversified Portfolio	Mutual Fund	50,642
*	Met/Franklin Templeton Founding Strategy Portfolio	Mutual Fund	1,134
*	FI Value Leaders Portfolio	Mutual Fund	701
*	American Funds Growth Allocation Portfolio	Mutual Fund	29,621
*	Oppenheimer Global Equity Portfolio	Mutual Fund	2,436
*	BlackRock Legacy Large Cap Growth Portfolio	Mutual Fund	8,873
*	American Funds Growth Fund	Mutual Fund	130,513
*	BlackRock Large Cap Core Portfolio	Mutual Fund	21,540
*	American Funds Global Small Capitalization Fund	Mutual Fund	92,949
*	Western Asset Management US Government Portfolio	Mutual Fund	9,079
*	Harris Oakmark Focused Value Portfolio	Mutual Fund	50,746
*	BlackRock Bond Income Portfolio	Mutual Fund	17,752
*	Harris Oakmark International Portfolio	Mutual Fund	55,196
*	Morgan Stanley EAFE Index Portfolio	Mutual Fund	27,894
*	Julius Baer International Portfolio	Mutual Fund	11,926
*	RCM Technology Portfolio	Mutual Fund	9,373
*	Janus Forty Portfolio	Mutual Fund	12,822

continued

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

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

DECEMBER 31, 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	6,693
*	Loomis Sayles Small Cap Portfolio	Mutual Fund	20,095
*	BlackRock Large Cap Value Portfolio	Mutual Fund	21,058
*	MFS Value Portfolio	Mutual Fund	26,446
*	MetLife Conservative to Moderate Allocation Portfolio	Mutual Fund	13,017
*	MetLife Moderate Allocation Portfolio	Mutual Fund	34,679
*	MetLife Moderate to Aggressive Allocation Portfolio	Mutual Fund	137,768
*	MetLife Aggressive Strategy Portfolio	Mutual Fund	8,778
*	American Funds Global Small Capitalization Fund	Mutual Fund	6,872
*	Met/Franklin Income Portfolio	Mutual Fund	1,263
*	T. Rowe Price Mid Cap Growth Portfolio	Mutual Fund	57,542
*	MFS Total Return Portfolio (PPA only)	Mutual Fund	2,907
*	Neuberger Berman Mid Cap Value Portfolio	Mutual Fund	50,383
*	MetLife Mid Cap Stock Index Portfolio	Mutual Fund	20,216
*	Oppenheimer Capital Appreciation Portfolio	Mutual Fund	1,765
*	PIMCO Inflation Protected Bond Portfolio	Mutual Fund	39,328
*	Russell 2000 Index Portfolio	Mutual Fund	31,357
*	MFS Research International Portfolio	Mutual Fund	14,687
*	Clarion Global Real Estate Portfolio	Mutual Fund	23,118
*	Western Asset Management Strategic Bond Opportunities	Mutual Fund	17,222
*	T. Rowe Price Small Cap Growth Portfolio	Mutual Fund	12,203
*	Franklin Templeton Small Cap Growth Portfolio	Mutual Fund	8,236
*	MetLife Stock Index Portfolio	Mutual Fund	131,533
*	Invesco Small Cap Growth Portfolio	Mutual Fund	11,697
*	Calvert Social Balanced Portfolio (Group Only)	Mutual Fund	88,572
*	American Funds Growth-Income Fund	Mutual Fund	95,319
*	PIMCO Total Return Portfolio	Mutual Fund	59,726
*	Davis Venture Value Portfolio	Mutual Fund	27,895
			$ 2,061,017

* Indicates party-in-interest

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

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

DECEMBER 31, 2011

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continued

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

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

DECEMBER 31, 2011

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*	Lord Abbett Bond Debenture Portfolio	Mutual Fund	6,693
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*	PIMCO Total Return Portfolio	Mutual Fund	59,726
*	Davis Venture Value Portfolio	Mutual Fund	27,895
			$ 2,061,017

* Indicates party-in-interest

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).

▶ **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;
- [X] a single-employer plan;
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) _____

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
HEARTLAND FAMILY SERVICE MATCHING CONTRIBUTION PLA

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan)

HEARTLAND FAMILY SERVICE

2101 SOUTH 42 STREET

OMAHA NE 68105-2909

2b Employer Identification Number (EIN) 47-0390618

2c Sponsor's telephone number (402)553-3000

2d Business code (see instructions) 813000

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

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

SIGN HERE	Signature of plan administrator	10/15/2012 Date	JOHN HERZOG Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. **Form 5500 (2011)**
V.012611

118401
11-15-11

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

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

5 Total number of participants at the beginning of the plan year	5	357
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	282
b Retired or separated participants receiving benefits	6b	1
c Other retired or separated participants entitled to future benefits	6c	72
d Subtotal. Add lines **6a, 6b,** and **6c**	6d	355
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines **6d** and **6e**	6f	355
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	223
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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