

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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; include room or suite number (employer, if for a 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.		
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>WILLIAM A. STARTZER</u> <u>FRANKEL ZACHARIA, LLC</u> <u>11404 WEST DODGE RD, SUITE 700</u> <u>OMAHA, NE 68154-2576</u>			Preparer's telephone number (optional) <u>402-496-9100</u>

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	377
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	408
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits		6c	74
d Subtotal. Add lines 6a , 6b , and 6c		6d	484
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e		6f	484
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	310
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 Characteristics 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 Characteristics 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) ☒ <u>2</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

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

(a) Name of insurance carrier

AXA EQUITABLE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	714708-0001	10		12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
530	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	
530			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	264072
5 Current value of plan's interest under this contract in separate accounts at year end	5	108417

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	268139
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c Additions: (1) Contributions deposited during the year	7c(1)	14908	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	7874	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	22782
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d Total of balance and additions (add lines 7b and 7c(6))	7d	290921
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9724	
(2) Administration charge made by carrier	7e(2)	78	
(3) Transferred to separate account	7e(3)	17047	
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	26849
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	264072
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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 line 9c(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, line 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 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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	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
13-5581829	65978	0082090	304	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
313	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

METLIFE SECURITIES INC
1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
313			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	846909
5 Current value of plan's interest under this contract in separate accounts at year end	5	3384848

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	628434
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c Additions: (1) Contributions deposited during the year	7c(1)	36070	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	21788	
(4) Transferred from separate account	7c(4)	199598	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	257456
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d Total of balance and additions (add lines 7b and 7c(6))	7d	885890
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	38800	
(2) Administration charge made by carrier	7e(2)	181	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	38981
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	846909
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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 line 9c(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, line 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.	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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)	

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>1896</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/BLACKROCK BASIC VALUE EQUITY</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>11991</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/BOSTON ADVISORS EQTY INCOME</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>11797</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/CAPITAL STOCK 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>2195</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/GAMCO SMALL COMPANY VALUE</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>12425</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/LARGE CAP VALUE PLUS</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>1140</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQ/MFS INTERNATIONAL GROWTH</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>4952</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MONTAG & CALDWELL GROWTH		
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) 8172
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/WELLS FARGO OMEGA GROWTH		
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) 8862
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY FUNDS VIP HIGH INCOME		
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) 14592
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY FUNDS VIP MID CAP GROWTH		
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) 11939
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD RETIREMENT EMG MKTS EQTY		
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) 3156
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL VALUE		
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) 5140
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS TECHNOLOGY		
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) 7389
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) 1492
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LEGACY LARGE 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) 44698
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK AGGRESSIVE 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) 51150

a Name of MTIA, CCT, PSA, or 103-12 IE: MET/AIM 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) 2565
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) 34805
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT MIDCAP VALUE		
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) 86562
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) 3859
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) 8545
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) 29290
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) 13244
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) 123129
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH 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) 47438
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) 293107

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP CORE		
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) 33655
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GLOBAL SMALL CAP		
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) 158481
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET MANAGEMENT US GOVT		
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) 21775
a Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS OAKMARK FOCUSED VALUE		
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) 124209
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK BOND INCOME		
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) 21400
a Name of MTIA, CCT, PSA, or 103-12 IE: HARRIS OAKMARK INTERNATIONAL		
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) 154823
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY EAFE INDEX		
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) 24414
a Name of MTIA, CCT, PSA, or 103-12 IE: JULIUS BAER INTERNATIONAL		
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) 13861
a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON 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) 2024
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) 29067

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGG GR 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) 12583
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES GLOMARK		
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) 9492
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT BOND DEBENTURE		
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) 8721
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE LARGE 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) 37799
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES SMALL CAP		
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) 31694
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LARGE CAP VALUE		
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) 32932
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE		
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) 34576
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE CONSERVATIVE TO MODERATE		
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) 36801
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MODERATE 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) 208368
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MODERATE TO AGGRESSIVE		
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) 247335

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE AGGRESSIVE STRATEGY		
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) 32665
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE GROWTH STRATEGY		
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) 573
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GLOBAL SMALL CAP FUN		
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) 15073
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE MID 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) 60475
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS 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) 2992
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE MID CAP STOCK INDEX		
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) 52400
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL EQUITY		
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) 3399
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INFLATION PROTECTED BOND		
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) 48801
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 200 INDEX		
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) 35966
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS RESEARCH INTERNATIONAL		
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) 28824

a Name of MTIA, CCT, PSA, or 103-12 IE: CLARION GLOBAL REAL ESTATE		
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) 34566
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET MANAGEMENT STRAT BOND		
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) 22961
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE 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) 125854
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) 2499
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STOCK INDEX		
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) 220007
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO 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) 18753
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT SOCIAL BALANCED		
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) 139228
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH INCOME		
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) 212799
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN 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) 29561
a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS VENTURE VALUE		
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) 39451

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
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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
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)	17458	14469
	(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)	2833421	3216389
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	896572	1110981
	(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	3747451	4341839

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3747451	4341839
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	409034	
(C) Others (including rollovers)	2a(1)(C)	11167	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		420201
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)	29354	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		29354
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	646088	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		646088

		(a) Amount	(b) Total
(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		1095643

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	501105	
(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)		501105
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)	150	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		150
j Total expenses. Add all expense amounts in column (b) and enter total	2j		501255

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		594388
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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
-----------------	-------------------

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2013 AND 2012
(WITH INDEPENDENT AUDITOR'S REPORT)**

**HEARTLAND FAMILY SERVICE
TAX-SHELTERED ANNUITY 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

To the Plan Administrator and Participants
Heartland Family Service Tax-Sheltered Annuity Plan
Omaha, Nebraska

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Heartland Family Service Tax-Sheltered Annuity Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Metropolitan Life Insurance Company (MetLife) and AXA Equitable Life Insurance Company (AXA), except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that MetLife and AXA hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from MetLife and AXA as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by MetLife and AXA is complete and accurate.

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

tel 402.496.9100
fax 402.496.1024

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held as of December 31, 2013 and delinquent participant contributions are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by MetLife and AXA, 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.

Frankel Zacharia LLC

October 14, 2014

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31	2013	2012
<hr/>		
ASSETS		
Investments, at fair value (Notes 3 and 5)	\$ 4,327,370	3,729,993
Participant contributions receivable	14,469	17,458
<hr/>		
NET ASSETS AVAILABLE FOR BENEFITS	\$ 4,341,839	3,747,451
<hr/>		

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31	2013	2012
ADDITIONS TO NET ASSETS		
Investment income (Note 3):		
Net appreciation in fair value of investments	\$ 646,088	332,335
Interest income	29,354	22,861
	675,442	355,196
Contributions:		
Participant contributions	409,034	404,664
Rollover contributions	11,167	24,951
	420,201	429,615
Total additions	1,095,643	784,811
DEDUCTIONS FROM NET ASSETS:		
Distributions to participants	501,105	225,834
Administrative expenses	150	183
Total deductions	501,255	226,017
NET INCREASE	594,388	558,794
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	3,747,451	3,188,657
End of year	\$ 4,341,839	3,747,451

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

1. Description of the Plan

The following description of the Heartland Family Service Tax-Sheltered Annuity Plan (the “Plan”) (Formerly 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. Participants age fifty and older by the end of the calendar year may contribute catch-up contributions. Participants may also contribute amounts representing distributions from other qualified benefit plans (rollover). Participants direct the investment of their contributions into various options offered by the Plan. Employer contributions are made through a separate 401(a) Plan.

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

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

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

Participant Loans – Participants may borrow from Metropolitan Life Insurance Company (MetLife), 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 in the amount of \$974,535 and \$644,515 as of December 31, 2013 and 2012, respectively. Principal and interest is paid in quarterly installments by the participant. Outstanding loans were \$150,392 and \$100,742 as of December 31, 2013 and 2012, respectively.

HEARTLAND FAMILY SERVICE
TAX-SHELTERED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2013 AND 2012

2. Summary of Significant Accounting Policies and Procedures

Basis of Accounting – The accompanying financial statements of the Plan are prepared on the accrual basis 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. Interest income is recorded on the accrual 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. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Period – Management evaluated transactions and events occurring subsequent to December 31, 2013, 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, 2013 AND 2012

3. Investments

Investments disclosed in the financial statements and supplemental schedule at December 31, 2013 and 2012, and net appreciation in fair value of investments and interest income for the years then ended, were obtained or derived from information supplied by the Plan Administrator and certified as complete and accurate by MetLife and AXA Equitable Life Insurance Company (AXA). The following is a summary of the information certified:

	<u>2013</u>	<u>2012</u>
Investments, at fair value		
Guaranteed interest accounts	\$ 1,110,981	896,572
Separate accounts	107,140	115,359
Annuity contracts	3,109,249	2,718,062
Net appreciation in fair value of investments	646,088	332,335
Interest income	29,354	22,861

The following investments represent 5% or more of net assets at the end of the year:

Equi-Vest Guaranteed Interest Account – AXA	\$ 264,072	268,139
Guaranteed Interest Account – MetLife	846,909	628,433
MetLife American Funds Growth Fund Annuity Contract	293,107	214,145
MetLife Moderate to Aggressive Allocation Portfolio	247,335	**
MetLife Stock Index Portfolio	220,007	**

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

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated \$646,088 and \$332,335 in value, respectively, as follows:

	<u>2013</u>	<u>2012</u>
Investments:		
Separate accounts	21,249	11,138
Annuity contracts	624,839	321,197

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2013 AND 2012

4. Guaranteed Interest Accounts

The investments in guaranteed interest accounts are with MetLife and AXA. These interest accounts 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 interest accounts as of December 31, 2013 and 2012 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. The 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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2013 AND 2012

5. Fair Value Measurements - Continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Guaranteed interest accounts: 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 early withdrawal charges.

Separate accounts: Valued at the net asset value (NAV), based upon the market value of its underlying investments, which may include equities, preferred stock, bonds, real estate, and mutual funds. A separate account NAV is provided by the issuer AXA and is not a publicly-quoted price in an active market.

Annuity contracts: Valued at the prices/unit values for the annuity investment option in accordance with the methods described in the annuity contract on a daily basis.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2013 and 2012:

	<u>Investments at Fair Value as of December 31, 2013</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest accounts	\$ --	846,909	264,072	1,110,981
Separate accounts				
International funds	--	10,092	--	10,092
Balanced funds	--	19,672	--	19,672
Growth funds	--	37,855	--	37,855
Value funds	--	13,131	--	13,131
Fixed income funds	--	26,389	--	26,389
Annuity contracts				
International funds	--	183,757	--	183,757
Balanced funds	--	1,511,741	--	1,511,741
Growth funds	--	956,964	--	956,964
Value funds	--	265,734	--	265,734
Fixed income funds	--	191,054	--	191,054
<u>Total investments at fair value</u>	\$ --	4,063,298	264,072	4,327,370

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2013 AND 2012

5. Fair Value Measurements - Continued

	<u>Investments at Fair Value as of December 31, 2012</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Guaranteed interest accounts	\$ --	628,433	268,139	896,572
Separate accounts				
International funds	--	8,752	--	8,752
Balanced funds	--	79,983	--	79,983
Growth funds	--	15,867	--	15,867
Value funds	--	1,882	--	1,882
Fixed income funds	--	8,875	--	8,875
Annuity contracts				
International funds	--	207,249	--	207,249
Balanced funds	--	1,191,682	--	1,191,682
Growth funds	--	815,425	--	815,425
Value funds	--	191,215	--	191,215
Fixed income funds	--	312,491	--	312,491
<u>Total investments at fair value</u>	\$ --	<u>3,461,854</u>	<u>268,139</u>	<u>3,729,993</u>

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

	<u>2013</u>	<u>2012</u>
Balance, beginning of year	\$ 268,139	272,770
Interest income	7,706	8,015
Purchases	32,477	2,220
Sales	(44,250)	(14,866)
Transfers	--	--
<u>Balance, end of year</u>	<u>\$ 264,072</u>	<u>268,139</u>

The fair value of the Plan's level 3 investments is based on unadjusted prices received from AXA. Plan management has not developed any significant inputs or made any adjustments to value received to determine the investments fair value.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2013 AND 2012

5. Fair Value Measurements - Continued

The following tables summarize investments measured at fair value based on NAV per share:

<i>December 31, 2013</i>	<i>Fair Value</i>	<i>Unfunded Commitments</i>	<i>Redemption Frequency (if currently eligible)</i>	<i>Redemption Notice Period</i>
International funds	\$ 10,092	n/a	Daily	None
Balanced funds	19,672	n/a	Daily	None
Growth funds	37,855	n/a	Daily	None
Value funds	13,131	n/a	Daily	None
Fixed income funds	26,389	n/a	Daily	None

<i>December 31, 2012</i>	<i>Fair Value</i>	<i>Unfunded Commitments</i>	<i>Redemption Frequency (if currently eligible)</i>	<i>Redemption Notice Period</i>
International funds	\$ 8,752	n/a	Daily	None
Balanced funds	79,983	n/a	Daily	None
Growth funds	15,867	n/a	Daily	None
Value funds	1,882	n/a	Daily	None
Fixed income funds	8,875	n/a	Daily	None

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 Internal Revenue Code (IRC) 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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

DECEMBER 31, 2013 AND 2012

7. Tax Status - Continued

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

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

The Plan is not a taxpaying entity for income tax purposes and, accordingly, no provision has been made for income taxes. 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 upon examination by the taxing authorities, based on the technical merits of the position. As of December 31, 2013, 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. These are the issuers of the Plan investments 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(a)
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

DECEMBER 31, 2013

Participant Contributions Transferred Late to the Plan Check here if Late Participant Loan Repayments are Included:	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
☐ \$ 108,867	--	108,867	--	--

**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, 2013

(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 Moderate - Plus Allocation Separate Account	\$ 1,896
*	AXA Equitable Life Insurance Company	BlackRock Basic Value Equity Separate Account	11,991
*	AXA Equitable Life Insurance Company	BlackRock Advisors Equity Income Separate Account	11,797
*	AXA Equitable Life Insurance Company	Common Stock Index Separate Account	2,195
*	AXA Equitable Life Insurance Company	GAMCO Small Company Value Separate Account	12,425
*	AXA Equitable Life Insurance Company	Large Cap Value Plus Separate Account	1,140
*	AXA Equitable Life Insurance Company	MFS International Growth Separate Account	4,952
*	AXA Equitable Life Insurance Company	Montag & Caldwell Growth Separate Account	8,172
*	AXA Equitable Life Insurance Company	Wells Fargo Omega Growth Separate Account	8,862
*	AXA Equitable Life Insurance Company	Ivy Funds VIP High Income Separate Account	14,592
*	AXA Equitable Life Insurance Company	Ivy Funds VIP Mid Cap Growth Separate Account	11,939
*	AXA Equitable Life Insurance Company	Lazard Retirement Emerging Markets Equity Separate Account	3,156
*	AXA Equitable Life Insurance Company	MFS International Value Separate Account	5,140
*	AXA Equitable Life Insurance Company	MFS Technology Separate Account	7,389
*	AXA Equitable Life Insurance Company	Multimanager Aggressive Equity Separate Account	1,493
*	AXA Equitable Life Insurance Company	Guaranteed Interest Account	264,072
*	Metropolitan Life Insurance Company	Guaranteed Interest Account	846,909
*	Metropolitan Life Insurance Company	BlackRock Legacy Large Cap Growth Portfolio Annuity Contract	44,698
*	Metropolitan Life Insurance Company	BlackRock Aggressive Growth Portfolio Annuity Contract	51,150
*	Metropolitan Life Insurance Company	Met/AIM Small Cap Growth Portfolio Annuity Contract	2,565
*	Metropolitan Life Insurance Company	BlackRock Strategic Value Portfolio Annuity Contract	34,805
*	Metropolitan Life Insurance Company	Lord Abbett Mid Cap Value Portfolio Annuity Contract	86,562
*	Metropolitan Life Insurance Company	American Funds Balanced Allocation Portfolio Annuity Contract	3,859
*	Metropolitan Life Insurance Company	American Funds Bond Fund Annuity Contract	8,545
*	Metropolitan Life Insurance Company	Lehman Brothers Aggregate Bond Index Portfolio Annuity Contract	29,290
*	Metropolitan Life Insurance Company	Cyclical Growth ETF Portfolio Annuity Contract	13,244
*	Metropolitan Life Insurance Company	BlackRock Diversified Portfolio Annuity Contract	123,130
*	Metropolitan Life Insurance Company	American Funds Growth Allocation Portfolio Annuity Contract	47,438
*	Metropolitan Life Insurance Company	American Funds Growth Fund Annuity Contract	293,107
*	Metropolitan Life Insurance Company	BlackRock Large Cap Core Portfolio Annuity Contract	33,655
*	Metropolitan Life Insurance Company	American Funds Global Small Capitalization Fund Annuity Contract	158,481
*	Metropolitan Life Insurance Company	Western Asset Management US Government Portfolio Annuity Contract	21,775
*	Metropolitan Life Insurance Company	Harris Oakmark Focused Value Portfolio Annuity Contract	124,209
*	Metropolitan Life Insurance Company	BlackRock Bond Income Portfolio Annuity Contract	21,400
*	Metropolitan Life Insurance Company	Harris Oakmark International Portfolio Annuity Contract	154,823
*	Metropolitan Life Insurance Company	Morgan Stanley EAFE Index Portfolio Annuity Contract	24,414
*	Metropolitan Life Insurance Company	Julius Baer International Portfolio Annuity Contract	13,861
*	Metropolitan Life Insurance Company	Jennison Growth Portfolio Annuity Contract	2,024
*	Metropolitan Life Insurance Company	Janus Forty Portfolio Annuity Contract	29,067
*	Metropolitan Life Insurance Company	Clearbridge Aggressive Growth Portfolio Annuity Contract	12,583
*	Metropolitan Life Insurance Company	Loomis Sayles Global Markets Annuity Contract	9,492
*	Metropolitan Life Insurance Company	Lord Abbett Bond Debenture Portfolio Annuity Contract	8,721
*	Metropolitan Life Insurance Company	T. Rowe Price Large Cap Growth Portfolio Annuity Contract	37,799
*	Metropolitan Life Insurance Company	Loomis Sayles Small Cap Portfolio Annuity Contract	31,694
*	Metropolitan Life Insurance Company	BlackRock Large Cap Value Portfolio Annuity Contract	32,932
*	Metropolitan Life Insurance Company	MFS Value Portfolio Annuity Contract	34,576
*	Metropolitan Life Insurance Company	MetLife Conservative to Moderate Allocation Portfolio Annuity Contract	36,801
*	Metropolitan Life Insurance Company	MetLife Moderate Allocation Portfolio Annuity Contract	208,368
*	Metropolitan Life Insurance Company	MetLife Moderate to Aggressive Allocation Portfolio Annuity Contract	247,335
*	Metropolitan Life Insurance Company	MetLife Aggressive Strategy Portfolio Annuity Contract	32,665

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, 2013

(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			
*	Metropolitan Life Insurance Company	MetLife Growth Strategy Annuity Contract	573
*	Metropolitan Life Insurance Company	American Funds Global Small Capitalization Fund Annuity Contract	15,073
*	Metropolitan Life Insurance Company	T. Rowe Price Mid Cap Growth Portfolio Annuity Contract	60,475
*	Metropolitan Life Insurance Company	MFS Total Return Portfolio (PPA only) Annuity Contract	2,992
*	Metropolitan Life Insurance Company	MetLife Mid Cap Stock Index Portfolio Annuity Contract	52,400
*	Metropolitan Life Insurance Company	Oppenheimer Global Equity Portfolio Annuity Contract	3,399
*	Metropolitan Life Insurance Company	PIMCO Inflation Protected Bond Portfolio Annuity Contract	48,801
*	Metropolitan Life Insurance Company	Russell 2000 Index Portfolio Annuity Contract	35,966
*	Metropolitan Life Insurance Company	MFS Research International Portfolio Annuity Contract	28,824
*	Metropolitan Life Insurance Company	Clarion Global Real Estate Portfolio Annuity Contract	34,566
*	Metropolitan Life Insurance Company	Western Asset Management Strategic Bond Opportunities Annuity Contract	22,961
*	Metropolitan Life Insurance Company	T. Rowe Price Small Cap Growth Portfolio Annuity Contract	125,854
*	Metropolitan Life Insurance Company	Franklin Templeton Small Cap Growth Portfolio Annuity Contract	2,499
*	Metropolitan Life Insurance Company	MetLife Stock Index Portfolio Annuity Contract	220,007
*	Metropolitan Life Insurance Company	Invesco Small Cap Growth Portfolio Annuity Contract	18,753
*	Metropolitan Life Insurance Company	Calvert Social Balanced Portfolio (Group Only) Annuity Contract	139,228
*	Metropolitan Life Insurance Company	American Funds Growth-Income Fund Annuity Contract	212,799
*	Metropolitan Life Insurance Company	PIMCO Total Return Portfolio Annuity Contract	29,561
*	Metropolitan Life Insurance Company	Davis Venture Value Portfolio Annuity Contract	39,451
			\$ 4,327,370

* 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)**

DECEMBER 31, 2013

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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, 2013

(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			
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*	Metropolitan Life Insurance Company	Davis Venture Value Portfolio Annuity Contract	39,451
			\$ 4,327,370

* Indicates party-in-interest

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>	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.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> 2013 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information			
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013			
A This return/report is for:	☒ a multiemployer plan; ☒ 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:	☒ Form 5558; ☐ special extension (enter description) _____	☐ automatic extension;	☐ the DFVC program;

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	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HEARTLAND FAMILY SERVICE 2101 S. 42ND STREET OMAHA NE 68105			
1c Effective date of plan 11/01/1970			
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		10-14-14	Kristine Hull
	<small>Signature of plan administrator</small>	<small>Date</small>	<small>Enter name of individual signing as plan administrator</small>
SIGN HERE		10-14-14	John Jeanetta
	<small>Signature of employer/plan sponsor</small>	<small>Date</small>	<small>Enter name of individual signing as employer or plan sponsor</small>
SIGN HERE			
	<small>Signature of DFE</small>	<small>Date</small>	<small>Enter name of individual signing as DFE</small>
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) WILLIAM A. STARTZER FRANKEL ZACHARIA, LLC 11404 WEST DODGE RD, SUITE 700 OMAHA NE 68154-2576			Preparer's telephone number (optional) 402-496-9100

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

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address	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	5 377
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 408
b Retired or separated participants receiving benefits	6b 2
c Other retired or separated participants entitled to future benefits	6c 74
d Subtotal. Add lines 6a, 6b, and 6c	6d 484
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 484
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 310
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 Characteristics 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 Characteristics 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)
--	--