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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047  <b>2009</b>
	The organization may have to use a copy of this return to satisfy state reporting requirements	<b>Open to Public Inspection</b>

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization Heartland Foundation		<b>D</b> Employer identification number 43-1262768
		Doing Business As		<b>E</b> Telephone number (816) 271-6611
		Number and street (or P O box if mail is not delivered to street address) 5325 FARAON	Room/suite	<b>G</b> Gross receipts \$ 5,045,914
		City or town, state or country, and ZIP + 4 St Joseph, MO 64506		
	<b>F</b> Name and address of principal officer JOHN P WILSON 5325 Faraon ST JOSEPH, MO 64506		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ N/A				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1982	<b>M</b> State of legal domicile MO	

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities THE ORGANIZATION HAS A VISION TO BUILD HEALTHIER, MORE LIVABLE COMMUNITIES THE ORGANIZATION'S MISSION IS TO EMPOWER CHILDREN AND ADULTS TO IMPROVE THEIR HEALTH AND QUALITY OF LIFE		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	2
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	3
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	2
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 2,092,232	Current Year 3,832,033
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-421,502	458,582
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,540	6,686
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,692,270	4,297,301
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	574,852
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	835,620	866,898
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <u>169,310</u>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,141,743	912,870
<b>18</b>		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,552,215	2,708,899
<b>19</b>		Revenue less expenses Subtract line 18 from line 12	-859,945	1,588,402
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16)	19,039,274	20,876,802
	<b>21</b>	Total liabilities (Part X, line 26)	2,319,104	1,836,181
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	16,720,170	19,040,621

<b>Part II</b>	<b>Signature Block</b>
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Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	***** Signature of officer		2011-05-16 Date		
	JOHN P WILSON CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  BKD LLP 1201 Walnut Suite 1700  Kansas City, MO 641062246		EIN		
			Phone no (816) 221-6300		

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 1,983,488 including grants of \$ 929,131 ) (Revenue \$ 0 )  
SEE SCHEDULE O

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d














Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 1,983,488

Part IV

Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes				
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No				
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No				
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.						
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.						
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td></tr></table>	Yes	No	12A	Yes		
Yes	No						
12A	Yes						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a16		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a30		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	21	
b	Enter the number of voting members that are independent . . . . .	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶MO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOHN P WILSON 5325 FARAON St Joseph, MO 64506 (816) 271-6611





1b	Total . . . . .	543,590	2,181,117	4,363,851
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	28,030			
	d	Related organizations . . . .	1d	2,078,821			
	e	Government grants (contributions)	1e	201,504			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,523,678			
	g	Noncash contributions included in lines 1a-1f \$ 67,750					
	h	Total. Add lines 1a-1f . . . . .		3,832,033			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		0			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		500,558		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		0			
6a		Gross Rents	(i) Real 14,698 (ii) Personal				
b		Less rental expenses	0				
c		Rental income or (loss)	14,698				
d		Net rental income or (loss) . . . . .		14,698			14,698
7a		Gross amount from sales of assets other than inventory	(i) Securities 690,435 (ii) Other				
b		Less cost or other basis and sales expenses	732,411				
c		Gain or (loss)	-41,976				
d		Net gain or (loss) . . . . .		-41,976			-41,976
8a		Gross income from fundraising events (not including \$ 28,030 of contributions reported on line 1c) See Part IV, line 18 . . . .	a 8,190				
b		Less direct expenses . . . .	b 16,202				
c		Net income or (loss) from fundraising events . . .		-8,012			-8,012
9a		Gross income from gaming activities See Part IV, line 19 . . . .	a				
b		Less direct expenses . . . .	b				
c		Net income or (loss) from gaming activities . . .		0			
10a		Gross sales of inventory, less returns and allowances . . . .	a				
b	Less cost of goods sold . . .	b					
c	Net income or (loss) from sales of inventory . . .		0				
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		4,297,301	0	0	465,268	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	738,163	738,163		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	190,968	190,968		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	247,397		197,918	49,479
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	461,445	255,134	182,262	24,049
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	33,995	12,774	19,827	1,394
9	Other employee benefits . . . . .	96,335	44,380	49,449	2,506
10	Payroll taxes . . . . .	27,726	14,814	11,246	1,666
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	742		742	
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	92,706	72,982	10,115	9,609
12	Advertising and promotion . . . . .	1,399	1,399		
13	Office expenses . . . . .	321,893	219,659	22,706	79,528
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	31,821	26,436	5,385	
17	Travel . . . . .	22,484	8,107	14,298	79
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	52,834	20,935	30,899	1,000
20	Interest . . . . .	11,254		11,254	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	377,737	377,737		
23	Insurance . . . . .	0			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,708,899	1,983,488	556,101	169,310
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			969,585	2	548,838
	3	Pledges and grants receivable, net . . . . .			219,188	3	20,141
	4	Accounts receivable, net . . . . .				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,253,368	5,113,365	10c	4,735,625
	b	Less accumulated depreciation . . . . .	10b	1,517,743			
	11	Investments—publicly traded securities . . . . .			12,642,576	11	15,470,520
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			94,560	15	101,678
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			19,039,274	16	20,876,802	
Liabilities	17	Accounts payable and accrued expenses . . . . .			157,125	17	130,551
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			407,968	23	362,972
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			1,754,011	25	1,342,658
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,319,104	26	1,836,181
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			6,284,337	27	6,774,840
	28	Temporarily restricted net assets . . . . .			2,995,989	28	3,813,052
	29	Permanently restricted net assets . . . . .			7,439,844	29	8,452,729
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			16,720,170	33	19,040,621
	34	Total liabilities and net assets/fund balances . . . . .			19,039,274	34	20,876,802

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Heartland Foundation	Employer identification number 43-1262768
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,730,220	4,432,606	3,324,045	2,092,232	3,832,033	16,411,136
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,730,220	4,432,606	3,324,045	2,092,232	3,832,033	16,411,136
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						47,421
6 Public Support. Subtract line 5 from line 4						16,363,715

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,730,220	523,322	3,324,045	2,092,232	3,832,033	16,411,136
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	458,385	523,322	473,698	463,598	515,256	2,434,259
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						18,845,395
12 Gross receipts from related activities, etc (See instructions )					12	285,615

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	86 831 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	86 513 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- ☒
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- ☒
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions
- ☒

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 43-1262768

Name: Heartland Foundation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOWELL C KRUSE PRESIDENT, CEO, DIRECTOR	10	X		X				0	846,095	4,165,845
DR MARK LANEY PRESIDENT, CEO, DIRECTOR	10	X		X				0	211,834	46,865
DR LINDA GRAY SMITH DIRECTOR	10	X						0	0	0
DR NEIL NUTTALL DIRECTOR	10	X						0	0	0
R MICHAEL POLAND DIRECTOR	10	X						0	0	0
MELODY SMITH DIRECTOR	10	X						0	0	0
ROBERT LEE STANTON DIRECTOR	10	X						0	0	0
JO EYBERG DIRECTOR	10	X						0	0	0
JOSEPH HOUTS JR DIRECTOR	10	X						0	0	0
LARRY KOCH DIRECTOR	10	X						0	0	0
PAM YOUNG DIRECTOR	10	X						0	0	0
TOM BRODERICK DIRECTOR	10	X						0	0	0
JEANNE DAFFRON DIRECTOR	10	X						0	0	0
REED GRAVES DIRECTOR	10	X						0	0	0
LAVELL RUCKER DIRECTOR	10	X						0	0	0
STET SCHANZE DIRECTOR	10	X						0	0	0
PAT SPEISER DIRECTOR	10	X						0	0	0
DAVID WALTEMATH DIRECTOR	10	X						0	0	0
DAN COLGAN DIRECTOR	10	X						0	0	0
SHERI SPADER DIRECTOR	10	X						0	0	0
JOE KNEIB DIRECTOR	10	X						0	0	0
DR GARY CLAPP DIRECTOR	10	X						0	0	0
BOB BUSH DIRECTOR	10	X						0	0	0
SHARON EVERS DIRECTOR	10	X						0	0	0
CAROL BURNS DIRECTOR	10	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY SABBERT COO	750			X				543,590	0	45,735
JOHN P WILSON SECRETARY/TREASURER/CFO	10			X				0	827,866	49,092
DOUGLAS BRANDT ASSISTANT TREASURER	10			X				0	237,687	41,762
KAREN DITTEMORE ASSISTANT SECRETARY	10			X				0	57,635	14,552

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
Heartland Foundation

**Employer identification number**  
43-1262768

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	6,305,907	6,951,371		
b	Contributions . . . . .	1,391,146	12,221		
c	Investment earnings or losses . . . . .	661,987	-216,876		
d	Grants or scholarships . . . . .	0	0		
e	Other expenditures for facilities and programs . . . . .	695,666	433,992		
f	Administrative expenses . . . . .	6,370	6,817		
g	End of year balance . . . . .	7,657,004	6,305,907		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 90.710 %

c

Term endowment ▶ 9.290 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	No
(ii) related organizations . . . . .	3a(ii)	No
b	3b	

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		153,750		153,750
b Buildings . . . . .		5,309,730	1,164,772	4,144,958
c Leasehold improvements . . . . .		14,795	6,353	8,442
d Equipment . . . . .		97,375	74,115	23,260
e Other . . . . .		677,718	272,503	405,215
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				4,735,625



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,297,301
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,708,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,588,402
4	Net unrealized gains (losses) on investments	4	732,049
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	732,049
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,320,451

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	5,045,552
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	732,049
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	16,202
e	Add lines 2a through 2d . . . . .	2e	748,251
3	Subtract line 2e from line 1 . . . . .	3	4,297,301
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	4,297,301

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	2,725,101
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	16,202
e	Add lines 2a through 2d . . . . .	2e	16,202
3	Subtract line 2e from line 1 . . . . .	3	2,708,899
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,708,899

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ORGANIZATIONS INTENDED USE OF THE ENDOWMENT FUNDS IS TO PROMOTE PROGRAMS DEDICATED TO EMPOWERING CHILDREN AND ADULTS TO BUILD HEALTHIER, MORE LIVABLE COMMUNITIES
UNCERTAIN TAX POSITIONS DISCLOSURE	SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS
RECONCILIATION OF REVENUE	SCHEDULE D, PART XII, LINE 2	SPECIAL EVENTS EXPENSE RECLASS \$16,202
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2	SPECIAL EVENTS EXPENSE RECLASS \$16,202

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
Heartland Foundation

Employer identification number  
43-1262768

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>CATTLE BARON'S</u>		<u>0</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . . .	36,220			36,220	
2	Less Charitable contributions	. . . .	28,030			28,030	
3	Gross income (line 1 minus line 2)	. . . .	8,190			8,190	
Direct Expenses	4	Cash prizes	. . . .	0			0
	5	Non-cash prizes	. . . .	0			0
	6	Rent/facility costs	. . . .	0			0
	7	Food and beverages	. . . .	12,112			12,112
	8	Entertainment	. . . .	700			700
	9	Other direct expenses	. . . .	3,390			3,390
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .					16,202
	11	Net income summary Combine lines 3, column d, and line 10. . . . .					-8,012

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
1	Gross revenue . . . . .				
Direct Expenses	2Cash prizes . . . . .				
	3Non-cash prizes . . . . .				
	4Rent/facility costs . . . . .				
	5Other direct expenses . . . . .				
	6Volunteer labor . . . . .	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
7Direct expense summary Add lines 2 through 5 in column (d) . . . . .					
8Net gaming income summary Combine lines 1, column d, and line 7 . . . . .					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Heartland Foundation

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number

43-1262768

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

21

3

Enter total number of other organizations . . . . .

0



Software ID:  
Software Version:  
EIN: 43-1262768  
Name: Heartland Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AREA SCHOOLS AND YOUTH ORGANIZATIONS 518 S 6TH ST JOSEPH,MO 64501	43-1262768	501(C)(3)	100,000				JUMP STARTERS
HEALTHY COMMUNITIES 518 S 6TH ST JOSEPH,MO 64501	43-1262768	501(C)(3)	100,000				SUPPORT
SOCIAL WELFARE BOARD 904 S 10TH ST JOSEPH,MO 64501	44-6000455	GOVT UNIT	53,719				SOCIAL WORKER SALARY
INTERSERVE - COMMUNITY MISSIONS CORPORATION 200 CHEROKEE ST JOSEPH,MO 64504	75-3197631	501(C)(3)	50,000				ST JOSEPH'S HAVEN
SUCCESS BY SIX118 S 5TH ST JOSEPH,MO 64501	75-3197631	501(C)(3)	50,000				SUPPORT
HEALTHY PARTNERSHIPS 518 S 6TH ST JOSEPH,MO 64501	43-1262768	501(C)(3)	35,000				SUPPORT
PROJECT FIT SCHOOLS518 S 6TH ST JOSEPH,MO 64501	43-1262768	501(C)(3)	30,000				PROJECT FIT SITES
MO PRIMARY CARE ASSOCIATION3325 EMERALD LN JEFFERSON CITY,MO 65109	43-1419937	501(C)(3)	25,000				SUPPORT
COMMUNITY FOUNDATION OF NORTHWEST MISSOURI 1014 W SAINT MATENS DRIVE ST JOSEPH,MO 64506	27-0436182		20,000				SUPPORT
EXCELLENCE MO FOUNDATION514 E HIGH ST STE 31 JEFFERSON CITY,MO 65101	43-1605896	501(C)(3)	20,000				SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH SCHOOL DISTRICT925 FELIX ST JOSEPH,MO 64501	44-6001495	GOVT UNIT	20,000				SUPPORT
PONY EXPRESS NATIONAL MUSEUM914 PENN ST JOSEPH,MO 64501	43-1567246	501(C)(3)	16,667				CAPITAL CAMPAIGN
KANSAS STATE UNIVERSITY102 ANDERSON HALL MANHATTAN,KS 66506	48-0771751	GOVT UNIT	13,006				SUPPORT
TRAILS WEST118 S 8TH ST ST JOSEPH,MO 64501	43-0810827	501(C)(3)	12,500				SUPPORT
AMERICAN RED CROSS401 N 12TH ST JOSEPH,MO 64501	53-0196605	501(C)(3)	11,610				DISATER RELIEF
ALLIED ARTS FUND118 S 8TH ST JOSEPH,MO 64501	43-0810827	501(C)(3)	10,000				SUPPORT
AMERICAN CANCER SOCIETY1100 PENNSYLVANIA AVE KC,MO 64105	74-1185665	501(C)(3)	10,000				SUPPORT
INSTITUTE FOR INDUSTRIAL AND APPLIED LIFE SCIENCES4221 MITCHELL AVE ST JOSEPH,MO 64507	20-1215246	501(C)(3)	10,000				SUPPORT
INTERSERVE200 CHEROKEE ST JOSEPH,MO 64504	75-3197631	501(C)(3)	10,000				JUDA HOUSE
PONY EXPRESS PUMPKINFEST914 PENN ST JOSEPH,MO 64501	43-1751412	501(C)(3)	10,000				MUSEUM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STJDC CHARITABLE TRUST 3003 FREDERICK AVE ST JOSEPH, MO 64506	43-1524243	501(C)(3)	7,000				SUPPORT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Heartland Foundation

Employer identification number  
43-1262768

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		



**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LOWELL C KRUSE	(i)	0	0	0	0	0	0	0
	(ii)	812,004	32,456	1,635	4,150,000	15,845	5,011,940	0
JUDY SABBERT	(i)	156,465	45,391	341,734	25,788	19,947	589,325	340,315
	(ii)	0	0	0	0	0	0	0
JOHN P WILSON	(i)	0	0	0	0	0	0	0
	(ii)	339,400	87,834	400,632	48,282	810	876,958	399,338
DR MARK LANEY	(i)	0	0	0	0	0	0	0
	(ii)	203,000	3,379	5,455	40,187	6,678	258,699	0
DOUGLAS BRANDT	(i)	0	0	0	0	0	0	0
	(ii)	191,363	44,740	1,584	25,118	16,644	279,449	0

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
COMPENSATION PAID BY A RELATED ORGANIZATION	FORM 990, PART VII, & SCHEDULE J, PART II	FOR LOWELL C. KRUSE, DR. MARK LANEY, JOHN P. WILSON, DOUGLAS BRANDT, AND KAREN DITTEMORE THE COMPENSATION IS PROVIDED BY HEARTLAND REGIONAL MEDICAL CENTER, A RELATED ENTITY, FOR SERVICES TO ALL HEARTLAND ENTITIES INCLUDED IN THE DEFERRED COMPENSATION ARE EMPLOYER CONTRIBUTIONS INTO QUALIFIED PLANS AND NON-QUALIFIED DEFERRED COMPENSATION PLANS THAT ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE AND SEVERANCE THAT IS PROVIDED WITHIN THE EXECUTIVE'S EMPLOYMENT AGREEMENT. THEREFORE, THEY MAY NEVER BE PAID.
METHODS USED TO ESTABLISH COMPENSATION	SCHEDULE J, PART I, LINE 3	COMPENSATION IS ESTABLISHED BY HEARTLAND HEALTH, A RELATED ENTITY, USING THE FOLLOWING: A. COMPENSATION COMMITTEE B. INDEPENDENT COMPENSATION CONSULTANT C. WRITTEN EMPLOYMENT CONTRACT D. COMPENSATION SURVEY OR STUDY E. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B	VESTED ACCRUED TOTAL FY 06/30/2010 FY 06/30/2010 FY 06/30/2010 ----- LOWELL KRUSE - 4,150,000 4,150,000 JOHN WILSON 399,338 36,653 435,991 DOUGLAS BRANDT - 18,030 18,030 MARK LANEY - 38,322 38,322 JUDY SABBERT 340,315 18,946 359,261
COMPENSATION REPORTED IN PRIOR FORM 990	SCHEDULE J, PART II, COLUMN F	COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THAT THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS VESTED OR PAID TO THE INDIVIDUAL.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
Heartland Foundation

Employer identification number  
43-1262768

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .	X	1	67,750	BOOK VALUE
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

1

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	Yes	No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 43-1262768  
Name: Heartland Foundation

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493136063781
SCHEDULE O (Form 990)	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
Name of the organization Heartland Foundation			Employer identification number 43-1262768

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	HEARTLAND FOUNDATION HAS A VISION TO BUILD HEALTHIER, MORE LIVABLE COMMUNITIES THE ORGANIZATION'S MISSION IS TO EMPOWER CHILDREN AND ADULTS TO IMPROVE THEIR HEALTH AND QUALITY OF LIFE THE ORGANIZATION SERVES AS A CATALYST TO BRING PEOPLE, FROM ALL WALKS OF LIFE, TOGETHER TO WORK WITH DIVERSE PARTNERS AND ALL SECTORS TO FIND NEW AND INNOVATIVE SOLUTIONS TO MAKE THE GREATEST DIFFERENCE FOR THE FUTURE OF CHILDREN, THEIR FAMILIES, AND OUR REGION

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	HEARTLAND FOUNDATION HAS A VISION TO BUILD HEALTHIER, MORE LIVABLE COMMUNITIES THE ORGANIZATION'S MISSION IS TO EMPOWER CHILDREN AND ADULTS TO IMPROVE THEIR HEALTH AND QUALITY OF LIFE THROUGH VARIOUS PROGRAMS AND ACTIVITIES, THE ORGANIZATION DRAWS THE COMMUNITY TOGETHER TO FOCUS ON THE ISSUES AND SOLUTIONS FOR CREATING A BETTER, STRONGER COMMUNITY SOME OF THE HIGH POINTS OF THOSE ACTIVITIES ARE COMMUNITY TRANSFORMATION FORUMS - COMMUNITY TRANSFORMATION FORUMS ARE AN ESSENTIAL PIECE OF BUILDING COMMUNITY CONSENSUS IN DETERMINING KEY ISSUES AND OPPORTUNITIES FOR CHANGE, SUPPORTING CONTINUOUS IMPROVEMENT, AND NURTURING INVOLVEMENT IN THE DEVELOPMENT OF HEALTHY COMMUNITIES FORUMS BRING CITIZENS TO THE TABLE WITH EMPHASIS ON THE FOLLOWING OUTCOMES - TO BROADEN THE UNDERSTANDING OF HEALTHY COMMUNITIES - TO SUPPORT THE DEVELOPMENT OF TRANSFORMATIONAL LEADERS BY CHANGING THE WAY CITIZENS THINK ABOUT THEIR COMMUNITIES AND OPPORTUNITIES FOR WORKING TOGETHER - TO ESTABLISH AN ONGOING PERSONAL COMMITMENT FOR CREATING HEALTHIER COMMUNITIES - TO STIMULATE ACTION ON THE PART OF CROSS-SECTORAL TEAMS TO INITIATE NEW, INNOVATIVE EFFORTS THAT WILL IMPACT THE HEALTH AND QUALITY OF LIFE OF A COMMUNITY - TO ACHIEVE MEASURABLE IMPROVEMENTS, DEFINE COMMUNITY AND HEALTH STATUS INDICATORS - TO PROVIDE A SELF-PERPETUATING MODEL AS A COMMUNITY-BUILDING STRATEGY CULTURE OF CHARACTER - SELECTED AS ONE OF THE REGIONAL PRIORITIES BY THE HC REGIONAL INVESTOR COUNCIL, NORTHWEST MISSOURI REGIONAL CULTURE OF CHARACTER IS A COLLABORATIVE EFFORT OF SCHOOLS, BUSINESSES, INDUSTRIES, FAMILIES AND COMMUNITIES TO IMPROVE THE OVERALL CLIMATE OF OUR COMMUNITIES CITIZENS OF NORTHWEST MISSOURI HAVE COLLABORATIVELY SELECTED 12 CHARACTER TRAITS THAT THEY ARE ESSENTIAL TO CREATING A CULTURE OF CHARACTER IN THIS REGION THE NORTHWEST MISSOURI REGIONAL PROFESSIONAL DEVELOPMENT CENTER AND CHARACTERPLUS , ALONG WITH MANY BUSINESSES THROUGHOUT THE REGION, HAVE PARTNERED WITH PUBLIC SCHOOLS FOR THIS EXCITING INITIATIVE SCHOLARSHIPS - STUDENTS FROM THROUGHOUT THE 30-COUNTY REGION ARE ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE THROUGH A NUMBER OF SCHOLARSHIP PROGRAMS MANAGED BY HEARTLAND FOUNDATION - VELMA FLIES ANDERSON NURSING SCHOLARSHIP - HILLYARD TECHNICAL CENTER - DORIS HINES SCHOLARSHIP - JERRY MAKI SCHOLARSHIP - PATRICK L NEWMAN MIC-O-SAY SCHOLARSHIP - MARY ANN REINERT NURSING SCHOLARSHIP - BILL AND MARY RUSSELL SCHOLARSHIP - MARY ALICE HARTIGAN SCHOLARSHIP THINK AHEAD SUMMIT - THE THINK AHEAD SUMMIT IS AN ANNUAL EVENT DESIGNED TO CELEBRATE CITIZENS' EFFORTS TO BUILD HEALTHIER, MORE LIVABLE COMMUNITIES THROUGHOUT A 30-COUNTY REGION OF NORTHWEST MISSOURI AND BORDERING COUNTIES IN KANSAS, IOWA AND NEBRASKA HOSTED BY HEARTLAND FOUNDATION AND THE HEALTHY COMMUNITIES INVESTORS, THE SUMMIT WELCOMES CITIZENS FROM ALL WALKS OF LIFE STUDENTS, EDUCATORS, BUSINESS AND INDUSTRY , SOCIAL SERVICES AND AGRICULTURE PAST MOTIVATIONAL SPEAKERS HAVE INCLUDED LEE KAISER, CULTURAL ANTHROPOLOGIST JENNIFER JAMES, U S SENATOR ELIZABETH DOLE, AUTHOR MARGARET WHEATLEY, CHICKEN SOUP FOR THE SOUL AUTHOR DAN CLARK, MT EVEREST SUMMITTEER ALAN HOBSON, NATIONAL GEOGRAPHIC PHOTOGRAPHER DEWITT JONES, EDUCATOR CARL GLICKMAN, PERFORMANCE PSYCHOLOGIST DR JIM LOEHR, BETTER TOGETHER AUTHOR ROBERT PUTNAM, NEXT GENERATION CONSULTANT REBECCA RYAN, SEARCH INSTITUTE PRESIDENT DR PETER BENSON, ETHICS EXPERT PATRICK KUHSE, AND RUBY PAYNE, AUTHOR OF A FRAMEWORK FOR UNDERSTANDING POVERTY THE 2010 SUMMIT FEATURED DR ADEWALE TROUTMAN, DIRECTOR OF LOUISVILLE METRO PUBLIC HEALTH, EXPLORING SOCIAL INEQUALITIES IN HEALTH, DR ANTHONY MUHAMMAD, EDUCATOR AND EDUCATIONAL CONSULTANT WHO HAS SUCCEEDED IN TURNING AROUND FAILING INNER CITY SCHOOLS, AND A RETURN APPEARANCE BY DR PETER BENSON ON IGNITING THE HIDDEN STRENGTHS OF TEENAGERS YOUTH EMPOWERMENT EMPOWER ME - IN COLLABORATION WITH THE FIFTH JUDICIAL CIRCUIT, JUVENILE DIVISION, AND NORTHWEST MISSOURI STATE UNIVERSITY, EMPOWER ME IS A TRANSFORMATIONAL FORUM DESIGNED TO BRING SKILLS, KNOWLEDGE, HOPE AND EMPOWERMENT TO YOUNG STATUS OFFENDERS EMPOWER PLANT & EMPOWERU IMMERSION - THROUGH THE EMPOWER PLANT CURRICULUM AND EMPOWERU IMMERSION, THE FOUNDATION HAS NOW CHARGED UP CLOSE TO 8,000 STUDENTS FROM OVER 100 AREA SCHOOLS TO SEE THEIR ROLE AS COMMUNITY PROBLEM SOLVERS BOTH RURAL AND URBAN SCHOOLS PARTICIPATE IN THE FULL CURRICULUM AND ATTEND THE ONE-DAY IMMERSION AT EMPOWERU EVALUATIVE RESEARCH SHOWS PROMISING RESULTS WITH A STATISTICALLY-SIGNIFICANT DIFFERENCE IN STUDENTS WHO ARE ENGAGED IN THIS PROGRAM JUMP STARTERS - WITH INITIAL SUPPORT OF LEARN & SERVE AMERICA, JUMP STARTERS GRANT FUNDING IS AVAILABLE FOR STUDENTS WHO TAKE ON REAL-LIFE COMMUNITY CHALLENGES FOLLOWING PARTICIPATION IN EITHER EMPOWER PLANT OR PUBLIC ACHIEVEMENT PROGRAMS STUDENT-LED INITIATIVES VARY, EXAMPLES OF PAST PROJECTS INCLUDE A GROUP THAT FORMED AN UNDERAGE DRINKING CAMPAIGN AND ANOTHER ORGANIZED A CITYWIDE CLEANUP OF DEBRIS LEFT FROM THE PREVIOUS WINTER'S ICE STORM PROJECT FIT AMERICA - OUR PARTNERSHIP WITH PROJECT FIT AMERICA CONTINUES TO ENABLE US TO KEEP OUR KIDS FIT OVER 12,000 STUDENTS FROM 48 PARTNER SCHOOLS NOW PARTICIPATE IN PROJECT FIT NOT ONLY ARE SCHOOLS SHOWING A CHANGE IN PHYSICAL FITNESS MEASURES LIKE BODY MASS INDEX, THOSE STUDENTS INVOLVED IN PROJECT FIT ARE MORE FOCUSED IN THE CLASSROOM, MISS FEWER DAYS OF SCHOOL, AND ARE HIGHER ACHIEVERS IN THEIR SCHOOL WORK PUBLIC ACHIEVEMENT - GUIDED BY VOLUNTEER COACHES, THE PUBLIC ACHIEVEMENT PROCESS INSPIRES YOUNG PEOPLE TO TACKLE EVERYDAY POLITICS BY ADDRESSING ISSUES IMPORTANT TO THEM A NUMBER OF SCHOOLS AND ORGANIZATIONS ARE NOW INVOLVED THE PUBLIC ACHIEVEMENT DEMOCRACY COUNCIL SERVES AS THE YOUTH-LED ADVISORY GROUP FOR ALL PUBLIC ACHIEVEMENT SITES WE SPONSOR READ FROM THE START - A PARTNERSHIP WITH MISSOURI HUMANITIES COUNCIL, READ FROM THE START IS CENTERED ON THE CONVICTION THAT PARENTS ARE CHILDRENS FIRST AND FOREMOST TEACHERS IF PARENTS TAKE PLEASURE IN BOOKS, CHILDREN WILL ALSO LIKELY DEVELOP A LOVE FOR READING OUR PROGRAM PROVIDES A SMALL COLLECTION OF BOOKS APPROPRIATE FOR CHILDREN FROM INFANCY TO FIVE YEARS YOUTH SURVEY - THIS ASSESSMENT TOOL OFFERS INSIGHT TO THE ATTITUDES AND BEHAVIORS OF MIDDLE AND HIGH SCHOOL STUDENTS IN THE REGION STUDENTS ARE POLLED ABOUT ISSUES LIKE COMMUNITY INVOLVEMENT, RISKY BEHAVIORS, AND FUTURE PLANS

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES	FORM 990, PART V, LINE 2A	HEARTLAND FOUNDATION LEASES 30 FULL AND PART-TIME EMPLOYEES FROM HEARTLAND REGIONAL MEDICAL CENTER HEARTLAND FOUNDATION IS DISCLOSING ON ITS 990 AS IF THE FOUNDATION EMPLOYED THESE INDIVIDUALS DIRECTLY AND NOT THROUGH A LEASING RELATIONSHIP

Identifier	Return Reference	Explanation
BUSINESS/FAMILY RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	JOHN P WILSON, DOUGLAS BRANDT, AND DR MARK LANEY HAVE A BUSINESS RELATIONSHIP THEY ARE EITHER OFFICERS AND/OR DIRECTORS OF HHS PROPERTIES, INC, COMMUNITY HEALTH PLAN, INC , MIDWESTERN HEALTH MANAGEMENT, INC , COMMUNITY HEALTH PLAN INSURANCE COMPANY, UPTOWN HOUSING, INC , AND UPTOWN ST JOSEPH REDEVELOPMENT CORPORATION WHICH ARE RELATED FOR PROFIT CORPORATIONS

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 6	HEARTLAND HEALTH, A MISSOURI NONPROFIT CORPORATION, IS THE SOLE MEMBER OF HEARTLAND FOUNDATION HEARTLAND HEALTH HAS THE RIGHT TO ELECT THE BOARD OF TRUSTEES OF HEARTLAND FOUNDATION HEARTLAND HEALTH IS NOT ENTITLED TO RECEIVE A SHARE OF HEARTLAND FOUNDATION'S PROFITS OR EXCESS DUES HEARTLAND HEALTH IS ENTITLED TO HEARTLAND FOUNDATION'S NET ASSETS UPON DISSOLUTION AS LONG AS HEARTLAND HEALTH IS EXEMPT UNDER SECTION 501(A) OR 501(C)(3) OF THE INTERNAL REVENUE CODE

Identifier	Return Reference	Explanation
MEMBERS OR STOCKHOLDERS MAY ELECT GOVERNING BODY	FORM 990, PART VI, SECTION A, LINE 7A	HEARTLAND HEALTH, BEING THE SOLE MEMBER OF HEARTLAND FOUNDATION, HAS THE RIGHT TO ELECT ALL THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 7B	THE CORPORATE BYLAWS OF HEARTLAND FOUNDATION IDENTIFY CERTAIN RIGHTS AND POWERS WHICH ARE RESERVED TO HEARTLAND HEALTH, THE SOLE MEMBER IN EACH INSTANCE, THE RIGHTS AND POWERS RESERVED TO THE SOLE MEMBER MAY BE SUMMARIZED AS FOLLOWS A OVERALL STRATEGIC DIRECTION B ELECTION OF TRUSTEES C APPOINTMENT OF THE CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, AUDITORS, AND LEGAL COUNSEL D ESTABLISHMENT OF BANKING RELATIONSHIPS E MANAGEMENT OF CASH AND OTHER ASSETS F APPROVAL OF CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS G LONG-RANGE PLANNING H ADOPTION OF ANNUAL OPERATING BUDGETS

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11A	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE CHIEF OPERATING OFFICER, THE TREASURER, THE ASSISTANT TREASURER, AND THE TAX SPECIALIST OF HEARTLAND REGIONAL MEDICAL CENTER REVIEW THE 990 THE 990 IS THEN POSTED TO A WEBSITE FOR ALL VOTING MEMBERS TO ACCESS BEFORE IT IS FILED

Identifier	Return Reference	Explanation
MONITORING THE CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	UPON AGREEING TO FILL A BOARD POSITION, THE PROSPECTIVE MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST DOCUMENT WHICH DISCLOSES FAMILY AND BUSINESS RELATIONSHIPS THAT COULD BE CONSIDERED IN CONFLICT WITH THEIR POSITION ON THE BOARD IN THIS DOCUMENT, THEY AGREE THAT THEY WILL DISCLOSE ANY ACTIVITIES IN WHICH THEY MAY NOT BE INDEPENDENT IN REGARDS TO A TRANSACTION THIS DOCUMENT IS DISTRIBUTED AND HELD BY LEGAL COUNSEL THE MEMBER ALSO SIGNS HEARTLAND'S CODE OF CONDUCT DOCUMENT IN WHICH THEY AGREE TO ETHICAL BEHAVIOR AND ADHERING TO CONFIDENTIALITY POLICIES THIS DOCUMENT IS HELD BY THE CORPORATE COMPLIANCE OFFICE ANNUALLY, THE CORPORATE COMPLIANCE OFFICER DISTRIBUTES A SURVEY TO EACH BOARD MEMBER TO FACILITATE DISCLOSURE OF ANY REPORTABLE ACTIVITIES DURING THE COURSE OF BOARD MEETINGS, BOARD MEMBERS WILL DISMISS THEMSELVES FROM MEETINGS AND/OR ABSTAIN FROM VOTING DURING DISCUSSIONS OF ISSUES THAT RELATE TO THOSE SPECIFIC MEMBERS OR THE COMPANIES THAT THEY REPRESENT FOR EXAMPLE, PHYSICIAN BOARD MEMBERS ABSTAIN FROM VOTING ON THEIR OWN RE-CREDENTIALING, UNIVERSITY BOARD MEMBERS ARE DISMISSED DURING DISCUSSIONS OF UNIVERSITY-RELATED ACTIVITIES AND LEGAL COUNSEL IS DISMISSED DURING DISCUSSION AND VOTING ON LEGAL RELATED REVIEW AND SELECTION ALL DISMISSALS AND ABSTENTIONS ARE RECORDED IN THE MINUTES OF THE BOARD MEETING ANNUALLY, THE OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CODE OF CONDUCT DOCUMENT IN WHICH THEY AGREE TO ETHICAL BEHAVIOR AND ADHERING TO CONFIDENTIALITY POLICIES THEY ALSO RECEIVE A QUESTIONNAIRE WHICH FACILITATES THE DISCLOSURE OF ANY REPORTABLE ACTIVITIES TO THE CORPORATE COMPLIANCE OFFICER

Identifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION STUDIES WERE CONDUCTED DURING CALENDAR 2009 AND CALENDAR 2010 HEARTLAND FOUNDATION LEASES JUDY SABBERT FROM HEARTLAND REGIONAL MEDICAL CENTER A COMPENSATION COMMITTEE COMPRISED OF THE HEARTLAND HEALTH BOARD CHAIRMAN, HEARTLAND HEALTH BOARD VICE-CHAIRMAN AND THREE ADDITIONAL HEARTLAND HEALTH BOARD MEMBERS AND OUR LEGAL COUNSEL, AS SCRIBE OVERSEE AN ANNUAL SALARY REVIEW PROCESS FOR OFFICERS, ADMINISTRATORS AND KEY EMPLOYEES FOR EACH POSITION TO BE REVIEWED, THE FULL SCOPE OF DUTIES AND RESPONSIBILITIES, NUMBERS OF STAFF MANAGED, PROCESSES MANAGED, APPROXIMATE REVENUE, EXPENSE, OR CAPITAL DOLLARS MANAGED ARE PROVIDED TO A THIRD PARTY CONSULTANT THAT SPECIALIZES IN RESEARCH OF MARKET SALARY DATA OUR FACILITY SIZE, OUR NOT-FOR-PROFIT STATUS AND THE SCOPE OF EACH JOB POSITION IS COMPARED TO LIKE FACILITIES TO DETERMINE BASE COMPENSATION AND INCENTIVE COMPENSATION FOR EACH POSITION THE DATA GATHERED BY THE MARKET RESEARCH FIRM IS REVIEWED BY THE COMPENSATION COMMITTEE, OUTLIER ISSUES ARE RESOLVED AND BASED UPON PRESENT FINANCIAL INDICATORS, THE COMMITTEE MAKES THEIR DETERMINATION OF COMPENSATION LEVELS FOR THE NEXT PAY YEAR

Identifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
COMPENSATION FROM RELATED ORGANIZATIONS	FORM 990, PART VII	HOURS WORKED FOR RELATED ORGANIZATIONS ----- LOWELL C KRUSE 74 JOHN P WILSON 74 DR MARK LANEY 74 DOUGLAS BRANDT 74 KAREN DITTEMORE 74

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Heartland Foundation

Employer identification number

43-1262768

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HEARTLAND HEALTH  5325 FARAON  ST JOSEPH, MO 64506 43-1283316	HEALTHCARE	MO	501(C)(3)	11A	NA
HEARTLAND LONG TERM ACUTE CARE HOSPITAL  5325 FARAON  ST JOSEPH, MO 64506 26-1972987	HEALTHCARE	MO	501(C)(3)	3	HH
HEARTLAND REGIONAL MEDICAL CENTER  5325 FARAON  ST JOSEPH, MO 64506 44-0545289	HEALTHCARE	MO	501(C)(3)	3	HH
LEWIS AND CLARK INFORMATION EXCHANGE  5325 FARAON  ST JOSEPH, MO 64506 32-0290671	DATA SHARING	MO	501(C)(3)	9	HH

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MIDWESTERN HEALTH MANAGEMENT INC 5325 FARAON STREET ST JOSEPH, MO64502 43-1264358	HEALTHCARE	MO	HH	C CORP	0	0	0 %
COMMUNITY HEALTH PLAN INC 137 N BELT ST JOSEPH, MO64506 43-1690582	INSURANCE	MO	HH	C CORP	0	0	0 %
COMMUNITY HEALTH PLAN INSURANCE COMPANY 137 N BELT ST JOSEPH, MO64506 43-1210152	INSURANCE	MO	HH	C CORP	0	0	0 %
HHS PROPERTIES INC 5325 FARAON STREET ST JOSEPH, MO64506 43-1593799	INVESTMENT	MO	HH	C CORP	0	0	0 %
UPTOWN HOUSING INC 5325 FARAON ST JOSEPH, MO64506 26-1416252	REDEVELOPMENT	MO	HH	C CORP	0	0	0 %
UPTOWN ST JOSEPH REDEVELOPMENT CORP 5325 FARAON ST JOSEPH, MO64506 20-1742813	REDEVELOPMENT	MO	HH	C CORP	0	0	0 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

Yes

No

No

Yes

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]