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DLN: 93493136022582

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

			l				<u> </u>
			lendar year, or tax year begin  C Name of organization	ning 07-01-2010 and ending 06-30-20	11	D Employer	identification number
_		pplicable	Heartland Foundation				
_	tress ch	_	Doing Business As			43-1262	
_	me cha	-				E Telephone	number
_	ial retu minate		Number and street (or P O box i 5325 FARAON	f mail is not delivered to street address)	Room/suite	(816)27	1-6611
_	ended olication	return n pending	City or town, state or country, ar St Joseph, MO 64506	d ZIP + 4		<b>G</b> Gross recei	pts \$ 4,562,420
, 141	,	penamg	<b>F</b> Name and address of p	rincipal officer	11/->		
			JOHN P WILSON	inicipal officer	H(a) Isthisa	group return for affi	liates? Yes No
			5325 Faraon ST JOSEPH,MO 64506		If "No		t (see instructions)
r Ta	x-exen	npt status	▼ 501(c)(3)	¶ (insert no )	H(c) Grou	p exemption n	umber ►
J W	ebsite	e:► N/A					
<b>K</b> Forr	n of or	ganızatıon	Corporation Trust Associa	ition Cther 🕨	L Year of for	mation 1982	M State of legal domicile
Do	rt I	6	mary		-		МО
Governance	-	THE ÓR	GANIZATION HAS A VISIOI	sion or most significant activities N TO BUILD HEALTHIER, MORE LIVA EN AND ADULTS TO IMPROVE THEIR			
် ်	2	Check th	nis box দ if the organization	discontinued its operations or disposed	d of more than 2	5% of its net	assets
	3	Number	of voting members of the gove	rning body (Part VI, line 1a)	•	3	21
Activities &	4	Number	of independent voting member	s of the governing body (Part VI, line 1	b)	4	20
				n calendar year 2010 (Part V, line 2a)		5	30
ଦ୍			mber of volunteers (estimate i			6	20
				Part VIII, column (C), line 12		7a	0
	Ь	Net unre	lated business taxable income	e from Form 990-T, line 34	D.::-	7b	0
		C t	h	Long 4 le V	Prio	r Year	Current Year
<u>o</u>	8			, line 1 h)	•	3,832,033	3,739,011
Ravenue	9	_	•	, line 2g)		458,582	593,677
Ě	11			(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	6,686	393,077
	12		· · · · · · · · · · · · · · · · · · ·	l 1 (must equal Part VIII, column (A), li	ne	0,000	30,000
						4,297,301	4,362,748
	13			art IX, column (A), lines 1-3)		929,131	1,408,409
	14		·	t IX, column (A), line 4)		0	0
Expenses	15	5-10)		oyee benefits (Part IX, column (A), lines	•	866,898	880,266
<u>₹</u>	16a 			X, column (A), line 11e)		0	0
五	b		ndraising expenses (Part IX, column			04.2.07.0	774.000
	17			), lines 11a-11d, 11f-24f)		912,870	774,000
	18 19		·	nust equal Part IX, column (A), line 25) ne 18 from line 12 . . . . . .		2,708,899 1,588,402	3,062,675
Net Assets or Fund Balances	19	Reven	ue less expelises Subtract III	ie 16 ii 0 iii 1 iii e 12		of Current ear	1,300,073 End of Year
4 de 1	20	Totala	assets (Part X, line 16)		-	20,876,802	23,495,234
주면 작품	21		iabilities (Part X, line 26) .			1,836,181	1,799,814
žÏ	22	Netas	sets or fund balances Subtra	ct line 21 from line 20		19,040,621	21,695,420
Pai	rt II	Sign	ature Block		•		
know	ledge : ledge.	**** Signa	f, it is true, correct, and complete  ** ature of officer	nined this return, including accompanying te. Declaration of preparer (other than offic	cer) is based on a	all information	
i ier		Туре	I P WILSON CHIEF FINANCIAL OFFIC or print name and title		т	Chock if solf	
		Print/Type preparer's		Preparer's signature Michael J Engle		Check if self- employed •	PTIN
Paid Prop		Firm's nar	me • BKD LLP				Firm's EIN
Prepa Use (		Firm's add	dress 1201 Walnut Suite 1700				Phone no (816) 221-6300

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Par			r <b>ogram Servic</b> contains a respo		lishments uestion in this Part III		
1	Briefly d	escribe the organ	ızatıon's mıssıon				
SEE	SCHEDUL	.E O					
2					ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes,"	describe these ne	w services on Sch	nedule O			
3			conducting, or ma		nt changes in how it con	ducts, any program	└ Yes └ No
	If "Yes,"	describe these ch	anges on Schedul	e O			
4	Section !	501(c)(3) and 501	l (c)(4) organizatio	ns and section		argest program services b re required to report the an ervice reported	
4a	(Code	)	(Expenses \$	2,351,885	ıncludıng grants of \$	1,408,409 ) (Revenue \$	0)
	SEE SCHI		(	_ <b>,</b> ,		_, , ( ,	- ,
4b	(Code	)	(Expenses \$		including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	)	(Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other p (Expens	_	Describe in Sche) inclu	dule O ) ding grants o	f\$	) (Revenue \$	)
4e	Total p	ogram service ext	enses⊭\$	2.351.88	5		

art TV	Checkl	ist of	Required	Schedules
	CIICCKI			

			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 (see instruction)? 🕏	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, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 1	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 quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	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? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	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 (see instructions)	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\bigcirc$ Yes $\checkmark$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R. Part V. June 2	36		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	50		<u>                                       </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Yes	

*******	()	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 16			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
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, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	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 🕨			
	See instructions for 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? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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).			
а	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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
d	file Form 8282?			110
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
а	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			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
L	Enter the amount of receives the organization is required to maintain by the states			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand  13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**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.

itains a response to any question in					

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
b	Enter the number of voting members included in line 1a, above, who are independent	0		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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	
ь	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			
а	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	e		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	163	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris	-	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, 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 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		
Se	ection 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			

Own website Another's website Vpon 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

## <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organi		elated o	rganı	zatio	on co	ompen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	tion ( that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
				<u> </u>	<u> </u>					

\$100,000 in compensation from the organization ▶0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	Name and Title Average Position (check all hours that apply)							( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima amount o compens	ated of other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	0	from t rganizat relat organiza	the ion and ed
e A	dditional Data Table	, ,					<del></del>						
				<del> </del>									
_				$\dagger$									
_													
_													
b	Sub-Total					•	<u>.</u> .	<b>&gt;</b>					
C	Total from continuation sheet	s to Part VII, Sec	tion A				•						
d	Total (add lines 1b and 1c) .				•			<b>•</b>	228,299	16,082,678	8	;	369,162
	Total number of individuals (in \$100,000 in reportable compo					ted	above	) who	received more tha	n			
	Did the every matrice list any fi				ما ما							Yes	No
	On line 1a? If "Yes," complete S					еу е •		ee, o	· · · · ·	• • •	3	Yes	
	For any individual listed on line organization and related organ individual										4	Yes	
i	Did any person listed on line 1 services rendered to the organ									r individual for •	5	,	No
Se	ection B. Independent Co	ntractors											
	Complete this table for your five \$100,000 of compensation from	ve highest comper		ındep	ende	ent c	ontra	tors	that received more	than			
		(A) lame and business ad							Descr	(B) iption of services		(C Comper	
											$-\Gamma$		
									ı				

art VI	***	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
2 92 1	La	Federated campai	gns <b>1a</b>					01314
and other similar amounts	b	Membership dues	1b					
2€		Fundraising events		37,006				
; œ   = =	d	Related organizati	ons 1d	3,321,035				
<u>"</u> ≝	e	Government grants (co	ontributions) <b>1e</b>	117,170				
逐	f	All other contributions,		263,800				! 
2	q	similar amounts not in	cluded above ıncluded ın lınes 1a-1f \$					
င္မ	9		•					
ᇣ	h	Total. Add lines 1	a-1f	. ▶	3,739,011			
o				Business Code				
를  2 95	2a							
Program Service Revenue	b							
ည သ	c							
<u> </u>	d							
"	e							
ু ভ	f	All other program	service revenue					
<u> </u>	g	Total. Add lines 2a	a-2f		0			
	3		e (ıncludıng dıvıdends, ınte					
			nmounts)	▶	521,805			521,805
4	4	Income from investme	ent of tax-exempt bond proceeds	► [	0			
5	5	Royalties	<u> </u>	. ▶	0			
			(ı) Real	(II) Personal				
6	5a	Gross Rents Less rental	40,204					
	b	expenses						
	С	Rental income or (loss)	40,204					
	d	Net rental income	or(loss)	►	40,204			40,204
			(ı) Securities	(II) Other				
7	7a	Gross amount from sales of	250,000					
		assets other than inventory						
	b	Less cost or other basis and	178,128					
	_	sales expenses Gain or (loss)	71,872					
	-			<u> </u>	71,872			71,872
_	<u>ч</u> Ва		n fundraising events	1	,			
<u>.  </u>		(not including						
		\$ 37,000 of contributions re	_					
		See Part IV, line 1						
	_		a	11,400				
		Less direct exper	nses <b>b</b> s) from fundraising events	21,544	-10,144			-10,144
-			n gaming activities See	· · ·	10,111			10,111
	-	Part IV, line 19						
	b	Less direct						
		expenses	b					
- ⊢			s) from gaming activities		0			
1	10a	Gross sales of inv returns and allowa						
			a					
		Less cost of good			^			
-	С	Net income or (los Miscellaneous F	s) from sales of inventory	Business Code	0			
-	11a	miscenalieous F	ve ve ii u e	Dusiliess Code				
1	ь							
	C							
		All other revenue						
		Total. Add lines 1:		<u> </u>				
	-			. ▶	0			
1	<b>L2</b>	Total revenue. See	e Instructions	▶	4 262 746	Ĺ		(22.72-
1					4,362,748	0	0	623,737

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations		-		
	in the U.S. See Part IV, line 21	1,293,193	1,293,193		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	115,216	115,216		
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	243,662		194,930	48,732
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	476,961	192,450	162,559	121,952
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,723	12,694	15,898	6,131
9	Other employee benefits	91,571	33,118	46,360	12,093
10	Payroll taxes	33,349	14,820	9,538	8,991
а	Fees for services (non-employees) Management	0			
b	Legal	1,089		1,089	
C	Accounting	9,246		9,246	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	87,576	74,518	8,376	4,682
12	Advertising and promotion	3,602	3,261	341	
13	Office expenses	152,474	135,470	14,714	2,290
14	Information technology	0			
15	Royalties	0			
16	Occupancy	44,194	35,916	8,278	
17	Travel	26,450	4,936	17,112	4,402
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	24,975	21,825	2,167	983
20	Interest	3,124		3,124	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	385,158	385,158		
23 24	Insurance	0			
а	REPAIRS & MAINTENANCE	36,112	29,310	6,802	
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,062,675	2,351,885	500,534	210,256
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash—non-interest-bearing			325,612	1	131,223	
	2	Savings and temporary cash investments			223,226	2	64,828	
	3	Pledges and grants receivable, net		20,141	3	141		
	4	Accounts receivable, net	t					
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	mployees, and					
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ , and contributing er sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)						
ş;		Schedule L				6		
Assets	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 <i>Complete</i> Part VI of Schedule D	10a	6,613,284				
	b	Less accumulated depreciation	10b	1,902,900	4,735,625	10c	4,710,384	
	11	Investments—publicly traded securities			15,470,520	11	18,483,904	
	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			101,678	15	104,754	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			20,876,802	16	23,495,234	
	17	Accounts payable and accrued expenses .			130,551	17	120,048	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
လ	21	Escrow or custodial account liability Complete Part IV of Schedule	₽D.			21		
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ei		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			362,972	23	303,205	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			1,342,658	25	1,376,561	
	26	<b>Total liabilities.</b> Add lines 17 through 25			1,836,181	26	1,799,814	
~		Organizations that follow SFAS 117, check here ► ✓ and comp	lete lir	nes 27				
ě		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			6,774,840	27	6,964,392	
8	28	Temporarily restricted net assets	3,813,052	28	5,753,280			
둳	29	Permanently restricted net assets	8,452,729	29	8,977,748			
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d comp	olete				
5		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•			31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			19,040,621	33	21,695,420	
_	34	Total liabilities and net assets/fund balances			20,876,802	34	23,495,234	

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3	362,74
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,062,6		
3	Revenue less expenses Subtract line 2 from line 1	3		1,3	300,07
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		19,0	040,62
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,3	354,72
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		21,6	595,42
Pai	The Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis 🔽 Both consolidated and separated basis				
За	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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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DLN: 93493136022582

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

Heartland Foundation 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove docume	Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?  Yes No		e on in anized S ?	(vii) A mount of support	
		inst ruct ions))	Yes	No	Yes	No	Yes	No		
-										
Total										

Provide the following information about the supported organization(s)

# Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II the	e organización	ialis to quality u	iluei ille iesis i	isteu below, pie	ase coi	Tiplete F	ait 111.)
	ection A. Public Support	T		T				
Cal	endar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 20	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,432,60	6 3,324,045	2,092,232	3,832,033	3	,739,011	17,419,927
2	grants ") Tax revenues levied for the organization's benefit and either							
_	paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	4,432,60	3,324,045	2,092,232	3,832,033	3	,739,011	17,419,927
	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							17,381
6	(f) <b>Public Support.</b> Subtract line 5 from line 4							17,402,546
S	ection B. Total Support	· ·		L				
	endar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 20	10	(f) Total
7	A mounts from line 4	4,432,606	3,324,045	2,092,232	3,832,033	3,	739,011	17,419,927
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar	523,322	473,698	463,598	515,256		562,008	2,537,882
9	Net income from unrelated business activities, whether or							
10	not the business is regularly carried on Other income Do not include			+				
	gain or loss from the sale of capital assets (Explain in Part IV )							
11	Total support (Add lines 7 through 10)							19,957,809
12	Gross receipts from related activiti	ies, etc (See ins	tructions )			12		199,365
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	, thırd, fourth, or fı	fth tax year as a 5	501(c)(3		ation, ▶
S	ection C. Computation of Pul	blic Support F	Percentage					
14	Public Support Percentage for 201	•		11 column (f))		14		87 197 %
15	Public Support Percentage for 200					15		86 831 %
	33 1/3% support test—2010. If the and stop here. The organization qua	alıfıes as a publıc	ly supported orga	nızatıon				<b>►</b>  ✓
	<b>33 1/3% support test—2009.</b> If the box and <b>stop here.</b> The organization	n qualıfıes as a p	ublicly supported	organızatıon				heck this
17a	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization med	ition meets the "f	acts and circumst	ances" test, chec	k this box and <b>st</b>	op here.	Explain	ed
b	organization  10%-facts-and-circumstances test  15 is 10% or more, and if the organ							<b>▶</b> ┌
10	Explain in Part IV how the organiza supported organization	tion meets the "f	acts and circumst	ances" test The	organızatıon qualı	ıfıes as a	publicly	<b>▶</b> ┌
18	<b>Private Foundation</b> If the organizations	.ioii aia not cneck	k a bux un line 13,	10a, 10D, 1/a Or	1/D, CHECK THIS I	ox and !	see	<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136022582

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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.

Open to Public

Internal Revenue Service ► Attach to Form 990. ► See separate instructions.						Inspection			
	me of the organi	zation		Emplo	yer identific	ation number	er		
Hea	irtianu i ounuation			43-12	262768				
Pa			dvised Funds or Other Similar Fo	unds o	r Account	<b>s.</b> Comple	te if the		
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(h	) Funds and	other accou	nts		
1	Total number a	t end of vear	(a) Bollot davised lands		y i unus ana	other accou	1103		
2		cributions to (during year)							
3		its from (during year)							
4	Aggregate valu	e at end of year							
5			sors in writing that the assets held in don organization's exclusive legal control?	or advis	ed	┌ Yes	┌ No		
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai		purpose	┌ Yes	┌ No		
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form	990, Part I	V, line 7.			
2	Preservati Protection Preservati Complete lines	of natural habitat on of open space	on or pleasure) Preservation of an Preservation of a conservation contribution in the form	certified	historic stru	cture			
_	Total number o	of conservation easements		2a	Heid at th	e End of the	<u> Year</u>		
a b		restricted by conservation easements		2a 2b					
c	_	servation easements on a certified his		2c					
d		servation easements included in (c) ac	, ,	2d					
3		servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the	organization	n during			
4	Number of stat	es where property subject to conserva	ition easement is located 🟲						
5		nization have a written policy regarding the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of v	ıolatıons, an	d <b>F Yes</b>	┌ No		
6	Staff and volun	teer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents dur	ring the year	<b>-</b>			
7	A mount of expe	enses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during	the year ► \$				
8		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No		
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents						
Par			ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Oth	er Similar	Assets.			
1a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch in furt			≘,		
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i						
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$				
	(ii) Assets incl	luded in Form 990, Part X			<b>►</b> \$				
2		tion received or held works of art, histo nts required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financi					
а	Revenues inclu	ıded ın Form 990, Part VIII, line 1			<b>►</b> \$				

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asur	es, or Otl	<u>her</u>	Similar <i>I</i>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing the	at are	a sıgnıfıcan	ıt us	e of its coll	ection	ı	
а	Public exhibition		d	Γ	Loan or	exch	ange progra	ms				
b	Scholarly research		e	$\Gamma$	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the or	ganızatıon's	exe	empt purpos	e ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								lar	_	Yes	□ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	atıon			es" to Form	1 990	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	ediary	forc	ontributio	ons or	other asse	ts n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		Г	<u> </u>		A mou	nt	
С	Beginning balance						1	.с		411104		
d	Additions during the year							d				
e	Distributions during the year						<u> </u>	e				
f	• •						<u> </u>	f.				
	Ending balance	000 P V -	- 242					."			· · ·	<u> </u>
2a	Did the organization include an amount on Fo		e 21 /							ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1157 11	<del>.</del>	000 F	<u> </u>	TV 1 - 4			
Рa	rt V Endowment Funds. Complete	(a)Current Year		)Prior					Three Years Ba		<b>\</b> Four V	aars Back
1a	Beginning of year balance	7,657,004	(,,		,305,907	(C) W	6,951,371	_	THICC TCG13 D	ick (C	)i oui iv	cars back
b	Contributions	1,895,701			,391,146		12,221	-				
c	Investment earnings or losses	1,113,768			661,987		-216,876	-				
d	Grants or scholarships	0			0		0	1		_		
e	Other expenditures for facilities and programs	723,612			695,666		433,992	!				
f	Administrative expenses	7,828			6,370		6,817	1				
g	End of year balance	9,935,033		7	,657,004		6,305,907	₩				
2	Provide the estimated percentage of the year	r end halance held:	a c		<u> </u>			<u> </u>				
a	Board designated or quasi-endowment	0 %	us									
_												
b	11.750.0/											
C	Term endowment ► 11 750 %	C.11						<b>.</b>	I			
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	tnat a	are neid a	and ad	iministerea	τor τ	ne		Yes	No
	(i) unrelated organizations								[3	Ba(i)		No
	(ii) related organizations								_	a(ii)		No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	Sched	lule R?				[	3b		
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu	ınds							
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990	0, Pa	rt X, line 1	0.				
	Description of investment				) Cost or ot is (investm		( <b>b)</b> Cost or oth basıs (other)		(c) Accumula depreciatio		( <b>d</b> ) Bo	ok value
1a	Land						153,7	50		$\neg \uparrow$		153,750
b	Buildings						5,309,7	'30	1,456	,099		3,853,631
	Leasehold improvements						14,7	-t	· · · · · · · · · · · · · · · · · · ·	,658		7,137
	Equipment						97,3	-		,101		17,274
	Other						1,037,6	-		,042		678,592
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. colui	nn (B	), line	10(c).) .	<del></del>	1,037,0		<u> </u>	,		4,710,384
	_ (	, , ,	. (=)	,	1-7.7	-				P D (F		90) 2010
									- Julieuul	15	J. 111 J.	といり エピエリ

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990. Part X, col (B) line 12)	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Se		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
10 1011 ( 0 1011	no 15	
Part IX Other Assets. See Form 990, Part X, II  (a) Descri		(b) Book value
(2)		(2)
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
<b>Part X</b> Other Liabilities. See Form 990, Part X  (a) Description of Liability	(b) Amount	
Federal Income Taxes	0	
INTERCOMPANY PAYABLE	1,376,561	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,376,561	
2 Fin 48 (ASC 740) Footpote In Part VIV provide the tax	·	nization's financial statements that reports the

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,362,748
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,062,675
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,300,073
4	Net unrealized gains (losses) on investments	4	1,354,726
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	1,354,726
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,654,799
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,739,018
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	1,376,270
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,362,748
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	4,362,748
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	3,084,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	21,544
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,062,675
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 <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	3,062,675
Pai	T XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·

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

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 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		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		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 \$ 21,544
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2	SPECIAL EVENTS EXPENSE RECLASS \$ 21,544

In-person solicitations

DLN: 93493136022582

OMB No 1545-0047

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

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.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization

**Employer identification number** Heartland Foundation 43-1262768 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities Check all that apply e ☐ Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(II) Activity	fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser hav custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																							
Total			<b>&gt;</b>																							

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  CATTLE BARON'S (event type)	(b) Event #2  (event type)	(c) Other Events  0 (total number)	(d) Total Events (Add col (a) through col (c))
Rue	1	Gross receipts	48,406	5		48,406
Reveilue	2	Less Charitable contributions	37,006	5		37,006
<u>"</u>	3	Gross income (line 1 minus line 2)	11,400			11,400
	4	Cash prizes				
မွာ	5	Non-cash prizes	2,100			2,100
Expenses	6	Rent/facility costs				
	7	Food and beverages	14,030			14,030
Direct	8	Entertainment	800			800
Δ	9	Other direct expenses .	4,614	1		4,614
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	•	21,544
	11	Net income summary Combine li				-10,144
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ă б	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes%	┌ Yes	_
		Direct expense summary Add lines				
9 a b	Ente Is t	er the state(s) in which the organiza he organization licensed to operate No," Explain	tion operates gaming ac	tivities		
10a b		re any of the organization's gaming l	icenses revoked, susper	nded or terminated during	; the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

Department of the Treasury

**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

DLN: 93493136022582

**Inspection** 

Internal Revenue Service Employer identification number Name of the organization Heartland Foundation 43-1262768 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table 

Schedule I	(Form 990) 2010
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP GRANTS	128	115,216			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR	PART I, LINE 2	THE ORGANIZATION IS COMMITTED TO THE DEVELOPMENT OF A HEALTHY COMMUNITY WHICH INCLUDES THE
MONITORING THE USE		HEALTH OF INDIVIDUALS, AN ADEQUATE NUMBER OF JOBS FOR THE WORKFORCE AND SUCCESSFUL BUSINESSES
OF GRANT FUNDS IN		TO BOOST THE LOCAL ECONOMY GRANTS ARE PROVIDED TO LOCAL GROUPS THAT ACHIEVE THESE
THE U S		OBJECTIVES GENERALLY RECIPIENT ORGANIZATIONS REPORT BACK TO HEARTLAND FOUNDATION HOW THE
		GRANT FUNDS WERE USED

Software ID: Software Version:

**EIN:** 43-1262768

Name: Heartland Foundation

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI WESTERN STATE UNIVERSITY FOUNDATION4525 DOWNS DRIVE ST JOSEPH, MO 64507	23-7035423	501C(3)	500,000				SPONSOR
HEARTLAND REGIONAL MEDICAL CENTER5325 FARAON ST 10SEPH.MO 64506	44-0545289	501C(3)	37,939				SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY COMMUNITIES 518 S 6TH ST JOSEPH,MO 64501	43-1262768	501C(3)	100,000				SUPPORT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF ST JOSEPH315 S 6TH ST JOSEPH,MO 64501	44-0552491	501C(3)	100,000				CAPITAL IMPRVMT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUCCESS BY SIXUNITED WAY118 S 5TH ST JOSEPH,MO 64501	44-0547802	501C(3)	50,000				SUPPORT
SOCIAL WELFARE BOARD 904 S 10TH ST STE A ST JOSEPH,MO 64503	44-6000455	BUCHANAN CTY,MO	35,470				SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY PARTNERSHIPS 518 S 6TH ST JOSEPH,MO 64501	43-1262768	501C(3)	35,000				SUPPORT
ST JOSEPH MUSEUMS INC PO BOX 8096 ST JOSEPH,MO 64502	43-6038202	501C(3)	35,000				SPONSOR

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT FIT SCHOOLS518 S 6TH ST JOSEPH,MO 64501	43-1262768	501C(3)	30,000				SPONSOR
INTERSERVE - COMMUNITY MISSIONS CORPORATION200 CHEROKEE ST JOSEPH,MO 64504	75-3197631	501C(3)	25,000				SUPPORT

-	•						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE UNIVERSITY102 ANDERSON HALL MANHATTAN,KS 66506	48-0771751	KANSAS GOV'T	24,548				SUPPORT
AMERICAN RED CROSS401 N 12TH ST JOSEPH,MO 64501	44-0545909	501C(3)	20,000				DISASTER RELIEF

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI HOSPITAL ASSOCIATION4712 COUNTRY CLUB DR JEFFERSON CITY, MO 65102	44-0610607	501C(6)	20,000				HERO FUND JOPLIN
FRIENDS OF THE PARK 1920 GRAND AVE ST JOSEPH,MO 64505	20-8175921	501C(3)	15,000				SPONSOR

	•						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF NORTHWEST MISSOURI 1014 SAINT MAARTENS DR ST JOSEPH,MO 64506	27-0436182	501C(3)	15,000				SUPPORT
TRAILS WEST118 S 8TH ST ST JOSEPH,MO 64501	43-0810827	501C(3)	15,000				SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIED ARTS FUND118 S 8TH ST ST JOSEPH, MO 64501	43-0810827	501C(3)	10,000				SUPPORT
AMERICAN CANCER SOCIETY1100 PENNSYLVANIA AVE KC,MO 64105	74-1185665	501C(3)	10,000				SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXCELLENCE MO FOUNDATION514 E HIGH ST STE 31 JEFFERSON CITY, MO 65101	43-1605896	501C(3)	10,000				SUPPORT
INSTITUTE FOR INDUSTRIAL AND APPLIED LIFE SCIENCES4221 MITCHELL AVE ST JOSEPH, MO 64507	20-1215246	501C(3)	10,000				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>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MS SOCIETY 7611 STATE LINE ROAD KANSAS CITY, MO 64114	44-0613436	501C(3)	10,000				SPONSOR
ST JOSEPH AREA CHAMBER OF COMMERCE 3003 FREDERICK AVENUE ST JOSEPH, MO 64506	44-0419460	501C(6)	14,000				SUPPORT

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion (	che	)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARK LANEY MD PRESIDENT,CHIEF EXECUTIVE OFFI	1 0	X		х				0	717,428	142,690
DR LINDA GRAY SMITH DIRECTOR	1 0	X						0	0	0
JOSEPH HOUTS JR DIRECTOR	1 0	Х						0	0	0
TOM BRODERICK DIRECTOR	1 0	Х						0	0	0
JEANNE DAFFRON DIRECTOR	1 0	Х						0	0	0
REED GRAVES DIRECTOR	1 0	Х						0	0	0
LAVELL RUCKER DIRECTOR	1 0	Х						0	0	0
SHARON EVERS DIRECTOR	1 0	Х						0	0	0
STET SCHANZE DIRECTOR	1 0	Х						0	0	0
PAT SPEISER DIRECTOR	1 0	Х						0	0	0
DAVID WALTEMATH DIRECTOR	1 0	Х						0	0	0
JOE KNEIB DIRECTOR	1 0	Х						0	0	0
DR NEIL NUTTALL EDD DIRECTOR	1 0	Х						0	0	0
R MICHAEL POLAND DIRECTOR	1 0	Х						0	0	0
MELODY SMITH EDD DIRECTOR	1 0	Х						0	0	0
ROBERT LEE STANTON DIRECTOR	1 0	Х						0	0	0
CAROL BURNS DIRECTOR	1 0	Х						0	0	0
DR GARY CLAPP PHD DIRECTOR	1 0	Х						0	0	0
JO EYBERG DIRECTOR	1 0	Х						0	0	0
LARRY KOCH DIRECTOR	1 0	Х						0	0	0
PAM YOUNG DIRECTOR	1 0	Х						0	0	0
DR JOHN JASINSKI DIRECTOR	1 0	Х						0	0	0
ROBERT BOB BLAIR DIRECTOR	1 0	Х						0	0	0
ANDREA FISCHER DIRECTOR	1 0	Х						0	0	0
DR CINDY HEIDER DIRECTOR	1 0	Х						0	0	0

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

Compensated Employees, and In											
(A) Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
STEVE JOHNSTON DIRECTOR	1 0	х						0	0	0	
TIM KELLEY DIRECTOR	1 0	х						0	0	0	
JUDY SABBERT CHIEF OPERATING OFFICER	60 0			х				228,299	0	50,582	
JOHN P WILSON SECRETARY/TREASURER/CFO	1 0			х				0	483,767	82,278	
DOUGLAS BRANDT ASSISTANT TREASURER	1 0			Х				0	242,551	73,289	
KAREN DITTEMORE ASSISTANT SECRETARY	1 0			Х				0	51,189	17,744	
LOWELL KRUSE FORMER DIRECTOR AND OFFICER							х	0	14,587,743	2,579	

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DLN: 93493136022582

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Heartland Foundation

Name of the organization

**Compensation Information** 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.

Open to Public **Inspection** 

		43-1262768			
Pai	t I Questions Regarding Compensatio	n			
		_		Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc	organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all to Compensation committee				
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	I payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				

payments not described in lines 5 and 6? If "Yes," describe in Part III

compensation contingent on the net earnings of

If "Yes," to line 6a or 6b, describe in Part III

The organization?

ın Part III

Any related organization?

section 53 4958-6(c)?

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 6a

6b

7

8

Νo

Νo

Νo

Νo

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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

<b>(A)</b> Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
<b>(,</b>		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MARK LANEY MD	(I) (II)	0 513,816	0 200,000	0 3,612	0 125,395	0 17,295	0 860,118	0
(2) JUDY SABBERT	(I) (II)	156,230 0	59,878 0	12,191 0	29,964 0	20,618 0	278,881 0	0
(3) JOHN P WILSON	(I) (II)	0 353,173	0 110,545	0 20,049	0 81,445	0 833	0 566,045	0
(4) DOUGLAS BRANDT	(I) (II)	0 180,679	0 56,000	0 5,872	0 54,276	0 19,013	0 315,840	0
(5) LOWELL KRUSE	(I) (II)	0 9,187	0 0	0 14,578,556	0 0	0 2,579	0 14,590,322	0 9,142,269
(6)								
(7)								
(8)								
(9)								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								
							 	ule 1 (Form 990) 2010

## Part III Supplemental 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		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 SUBSTATIAL RISK OF FORFEITURE AND SEVERANCE THAT IS PROVIDED WITHIN THE EXECUTIVE'S EMPLOYMENT AGREEMENT THAT MAY NEVER BE PAID
METHODS USED TO ESTABLISH COMPENSATION		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 COMMMITTEE
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	PART I, LINE	ACCRUED 6/30/11 JOHN WILSON 71,645 DOUGLAS BRANDT 43,954 MARK LANEY 38,322 JUDY SABBERT 19,848 MARK LANEY, MD, JOHN P WILSON AND DOUGLAS BRANDT ARE EMPLOYEES OF HEARTLAND REGIONAL MEDICAL CENTER THEIR DUTIES INCLUDE FULFILLING THE POSITIONS OF PRESIDENT, SECRETARY/TREASURER AND ASSISTANT TREASURER, RESPECTIVELY, FOR HEARTLAND FOUNDATION THOSE LISTED ABOVE HAVE SIGNED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS WHICH RECOGNIZE THE VALUE OF THE INDIVIDUAL AND THE MUTUAL BENEFIT OF CONTINUED EMPLOYMENT FOR AN EXTENDED PERIOD OF TIME BY ESTABLISHING A 457f PLAN THE PLAN IS FUNDED YEARLY AS THE RESULT OF A CALCULATION DESCRIBED IN THE AGREEMENT WHICH WILL REWARD THE INDIVIDUALS WITH 100% VESTING AT NORMAL RETIREMENT AGE OR UPON DEATH OR UPON SEPARATION FROM SERVICE DUE TO DISABILITY OR UPON INVOLUNTARY SEPARATION FROM SERVICE WITHOUT CAUSE, WITH LUMP SUM PAYMENT WITHIN 90 DAYS OF EACH SITUATION TAKING INTO CONSIDERATION A NON-COMPETE COVENANT SEPARATION WITH CAUSE MAKES SUPPLEMENTAL EXECUTIVE RETIREMENT AGREEMENT NULL AND VOID
COMPENSATION REPORTED IN PRIOR FORM 990	PART II,	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 FOREFEITURE 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 IN THE EVENT OF RETIREMENT, ALL PREVIOUSLY ACCUMULATED BENEFITS ARE RECORDED IN THIS COLUMN, IN THE RETIREMENT YEAR AND REPRESENT ACCUMULATIONS DURING THE PERSON'S CAREER AT HEARTLAND

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493136022582

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization
Heartland Foundation

43-1262768

Employer identification number

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

ldentifier I	Return Reference	Explanation
ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	HEARTLAND FOUNDATION HAS A VISION TO BUILD HEALTHER, MORE LIVABLE COMMUNITES. THE ORGANIZATIONS MISSION IS TO EMPOWER CHILDRICAN AND ADULTS IN MERCYCETHER HEALTH AND QUALITY OF LIFE. THROUGH VARIOUS PROSPAMS AND ACTIVITIES, THE ORGANIZATION DRAWS THE COMMUNITY TOGETHER TO FOOLS ON THE ISSUES AND SOLUTIONS FOR CREATING A BETTER. STRONGER COMMUNITY SOME OF THE HIGH PROITS OF THOSE ACTIVITIES ARE COMMUNITY TRANSFORMATION FOR UNIS. OF THE HIGH PROITS OF THOSE ACTIVITIES ARE COMMUNITY TRANSFORMATION FOR UNIS. A COMMUNITY TRANSFORMATION FOR UNIS ARE AN ESSENTIAL PRECEDED BILDING COMMUNITY CONTINUES. AND INTERPRETATIONS OF THE PROPERTY TRANSFORMATION FOR UNIS ARE AN ESSENTIAL PRECEDED BUILDING COMMUNITY CONTINUES FOR CHANCE. SUPPORTING FOR CHANCE, SUPPORTING CONTINUES FOR CHANCE, SUPPORTING FOR CHANCE, SUPPORT THE CHANCE FOR CHANCE, SUPPORTING FOR CHANCE, SUPPORT THE FOR CHANCE, SUPPORTING FOR CH

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	ILLS, KNOWLEDGE, HOPE AND EMPOWERMENT TO YOUNG STATUS OFFENDERS EMPOWER PLANT & EMPOWERU IMMERSION. THROUGH THE EMPOWER PLANT CURRICULUM AND EMPOWERU IMMERSION, THE FOUNDATION HA S 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 CURRICULU M AND ATTEND THE ONE-DAY IMMERSION AT EMPOWERU EVALUATIVE RESEARCH SHOWS PROMISING RESULT S 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 BITHER EMPOWER PLANT OR PUBLIC ACHIEVEMENT PROGRAMS STUDENT-LED INITIATIVES VARY, EXAMPLES OF PAST PROJECTS INCLUDE A GROUP THAT FORMED AN UNDERAGE DRINKING CAMPAIGN AND A NOTHER ORGANIZED A CITYWIDE CLEANUP OF DEBRIS LEFT FROM THE PREVIOUS WINTERS ICE STORM PROJECT FIT AMERICA - OUR PARTNERSHIP WITH PROJECT FIT AMERICA CONTINUES TO ENABLE US TO KE EP OUR KIDS FIT OVER 12,000 STUDENTS FROM 48 PARTNERS SCHOOLS NOW PARTICIPATE IN PROJECT FIT NOT ONLY ARE SCHOOLS SHOWING A CHANGE IN PHY SICAL 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 VOLUNTIER COACHES, THE PUBLIC ACHIEVEMENT FROMESS INSPIRES YOUNG PEOPLE TO TACKLE EVERYD AY POLITICES BY ADDRESSING ISSUES IMPORTANT TO THEM A NUMBER OF SCHOOLS AND ORGANIZATIONS ARE NOW INVOLVED THE PUBLIC ACHIEVEMENT SITES WE SPONSOR READ FROM THE START IS CENTERED ON THE CANVICTION THAT PA RENTS ARE CHIEVEMENT SITES WE SPONSOR READ FROM THE START IS CENTERED ON THE CONVICTION THAT PA RENTS ARE CHIEDREDS FIRST AND FOREMOST TEACHERS IF PARENTS TAKE PLEASURE IN BOOKS, CHILD REN WILL ALSO LIKELY DEVELOP A LOVE FOR READING OUR PROGRAM PROVIDES A SMALL COLLECTION OF BOOKS APPROPRIATE FOR CHILDREN FROM IN

ldentifier	Return Reference	Explanation
NUMBER OF EMPLOYEES	FORM 990, PART V, LINE 2A	HEARTLAND FOUNDATION LEASES 30 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

ldentifier	Return Reference	Explanation
BUSINESS/FAMILY RELATIONSHIPS	FORM 990, PART VI, SECTION A, LINE 2	JOHN P WILSON, DOUGLAS BRANDT, KAREN DITTEMORE, HAVE A BUSINESS RELATIONSHIP THEY ARE OFFICERS OF LEWIS AND CLARK INFORMATION EXCHANGE, A RELATED NOT-FOR-PROFIT CORPORATION JOHN P WILSON, DOUGLAS BRANDT, KAREN DITTEMORE HAVE A BUSINESS RELATIONSHIP THEY ARE OFFICERS OF REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY, A RELATED CORPORATION IN THE PROCESS OF FILING FOR NOT-FOR-PROFIT STATUS JOHN P WILSON, DOUGLAS BRANDT, KAREN DITTEMORE, MARK LANEY, M D, HAVE A BUSINESS RELATIONSHIP THEY ARE EITHER OFFICERS AND/OR DIRECTORS OF MIDWESTERN HEALTH MANAGMENT, INC, COMMUNITY HEALTH PLAN, INC, COMMUNITY HEALTH PLAN INSURANCE COMPANY, HHS PROPERTIES, INC, UPTOWN HOUSING, INC, UPTOWN ST JOSEPH REDEVELOPMENT CORPORATION WHICH ARE RELATED FOR PROFIT CORPORATIONS JOHN P WILSON, DOUGLAS BRANDT HAVE A BUSINESS RELATIONSHIP THEY ARE TRUSTEES OF THE HEARTLAND DEFINED BENEFIT PLAN AND THE HEARTLAND HEALTH CARE PLAN

ldentifier	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

ldentifier	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

ldentifier	Return Reference	Explanation
GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS OR STOCKHOLDERS	FORM 990, PART VI, SECTION A, LINE 7B	THE CORPORATE BY LAWS 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 COUNSELD ESTABLISHMENT OF BANKING RELATIONSHIPS E MANAGEMENT OF CASH AND OTHER ASSETS F APPROVAL OF CHANGES TO THE ARTICLES OF INCORPORATION AND BY LAWS GLONG-RANGE PLANNING H ADOPTION OF ANNUAL OPERATING BUDGETS

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

ldentifier	Return Reference	Explanation
THE CONFLICT OF INTEREST	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 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

ldentifier	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 INDEPENDENT LEGAL COUNSEL, AS SCRIBE OVERSEE AN ANNUAL SALARY REVIEW PROCESS FOR OFFICERS FOR THE POSITIONS, 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

ldentifier	Return Reference	Explanation
	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				
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED GAIN/(LOSS) ON INVESTMENTS \$ 1,354,726				

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK LANEY, MD TITLE PRESIDENT, CHIEF EXECUTIVE OFFI HOURS 59

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN P WILSON TITLE SECRETARY/TREASURER/CFO HOURS 59

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUGLAS BRANDT TITLE ASSISTANT TREASURER HOURS 59

ldentifier	Return Reference	Explanation			
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KAREN DITTEMORE TITLE ASSISTANT SECRETARY HOURS 59			

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

DLN: 93493136022582

2010

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Name of the organization Heartland Foundation						Employer iden	tification number		
						43-1262768			
Part I Identificat	tion of Disregarded Entities (Cor	nplete	ı ıf the organızatıo	n answered "Yes"	on Form 990, Par	t IV, line 33.)			
Name, addres	(a) s, and EIN of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
	tion of Related Tax-Exempt Orga ated tax-exempt organizations durin			f the organization	answered "Yes" o	on Form 990, Part	: IV, line 34 becaus	e it had	one
Name, address, a	(a) nd EIN of related organization		<b>(b)</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	Section 5 conti	<b>g)</b> 512(b)( crolled nization
(4) HEADTIAND DECTONAL MED	JCAL CENTED							Yes	No
(1) HEARTLAND REGIONAL MED 5325 FARAON	ICAL CENTER						НН		
ST JOSEPH, MO 64506 44-0545289		HEAL	_THCARE	МО	MO 501(C)(3)	3			
(2) HEARTLAND HEALTH									
5325 FARAON ST JOSEPH, MO 64506		HEAL	THCARE	МО	501(C)(3)	11A	NA		
43-1283316  (3) HEARTLAND LONG TERM AC	LITE CADE HOODITAL								_
5325 FARAON	OTE CARE HOSPITAL	SUPF	PORT	MO	501(C)(3)	3	нн		
ST JOSEPH, MO 64506 26-1972987									
(4) LEWIS AND CLARK INFORMA	ATION EXCHANGE								
5325 FARAON ST JOSEPH, MO 64506		HI E	XCHANGE	МО	501(C)(3)	9	НН		
32-0290671  (5) REGIONAL EMERGENCY MED	OTEAN CERVICES							<del>                                     </del>	_
5325 FARAON	DICAL SERVICES								
ST JOSEPH, MO 64506 27-3923442		AMB	ULANCE SVC	МО	501(C)(3)	PENDING	НН		
2. 3323112								1	
									<del>                                     </del>

Part III	Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, In	ine 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate Code V—UBI		ral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
											'	
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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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) COMMUNITY HEALTH PLAN 137 W BELT ST JOSEPH, MO64506 43-1690582	INSURANCE	МО	нн	C CORP	0	0	0 %
(2) COMMUNITY HEALTH PLAN INSURANCE COMPANY 137 W BELT ST JOSEPH, MO64506 43-1210152	INSURANCE	МО	нн	C CORP	0	0	0 %
(3) MIDWESTERN HEALTH MANAGEMENT INC 5325 FARAON ST JOSEPH, MO64506 43-1264358	HEALTH CARE	МО	нн	C CORP	0	0	0 %
(4) HHS PROPERTIES INC 5325 FARAON ST JOSEPH, MO64506 43-1593799	INVESTMENT	МО	нн	C CORP	0	0	0 %
<b>(5)</b> UPTOWN HOUSING INC 5325 FARAON ST JOSEPH, MO64506 26-1416252	REDEVELOPMENT	МО	нн	C CORP	0	0	0 %
(6) UPTOWN ST JOSEPH REDEVELOPMENT CORP 5325 FARAON ST JOSEPH, MO64506 20-1742813	REDEVELOPMENT	МО	нн	C CORP	0	0	0 %
(7) HEALTH CARE BENEFIT TRUST 5325 FARAON ST JOSEPH, MO64506 43-1286484	HEALTH CARE	МО	нн	TRUST	0	0	0 %

Part V Transactions With Related Organizations (Complete if the organizations)	anızatıon answered "Yes	" on Form 990, Pai	t IV, line 34, 35, 3	5A, or 36.)						
Note. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No				
$oldsymbol{1}$ During the tax year, did the orgranization engage in any of the following transactions with	h one or more related organ	ızatıons lısted ın Part	s II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No				
<b>b</b> Gift, grant, or capital contribution to other organization(s)				1b		No				
<b>c</b> Gift, grant, or capital contribution from other organization(s)				1c	Yes					
<b>d</b> Loans or loan guarantees to or for other organization(s)				1d		No				
e Loans or loan guarantees by other organization(s)										
<b>f</b> Sale of assets to other organization(s)				1f		No				
g Purchase of assets from other organization(s)										
h Exchange of assets				1h		No				
i Lease of facilities, equipment, or other assets to other organization(s)										
j Lease of facilities, equipment, or other assets from other organization(s)	j Lease of facilities, equipment, or other assets from other organization(s)									
<b>k</b> Performance of services or membership or fundraising solicitations for other organiza	iliana and a single in the contract of the con									
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				1n		No				
• Reimbursement paid to other organization for expenses				10	Yes					
<b>p</b> Reimbursement paid by other organization for expenses				<b>1</b> p		No				
<b>q</b> Other transfer of cash or property to other organization(s)				<b>1</b> q		No				
r Other transfer of cash or property from other organization(s)				1r		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, in	cluding covered relati	onships and transact	ion thresholds						
(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing involved		ount				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	EIN of entity  Primary activity  Legal domicile (state or foreign country)		organizations?			(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
									+	-
							$\vdash$		+	╁
									-	-
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

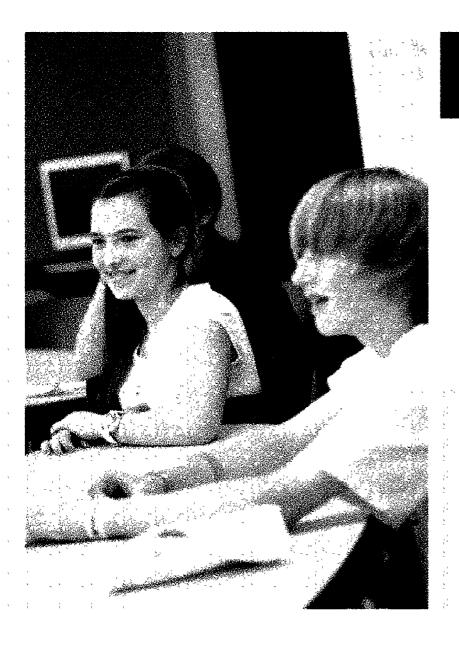
Software ID: Software Version:

**EIN:** 43-1262768

Name: Heartland Foundation

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	<b>(b)</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 (\$)	<b>(h)</b> Percentage ownership
COMMUNITY HEALTH PLAN 137 W BELT ST JOSEPH, MO64506 43-1690582	INSURANCE	МО	нн	C CORP	0	0	0 %
COMMUNITY HEALTH PLAN INSURANCE COMPANY 137 W BELT ST JOSEPH, MO64506 43-1210152	INSURANCE	МО	нн	C CORP	0	0	0 %
MIDWESTERN HEALTH MANAGEMENT INC 5325 FARAON ST JOSEPH, MO64506 43-1264358	HEALTH CARE	МО	нн	C CORP	0	0	0 %
HHS PROPERTIES INC 5325 FARAON ST JOSEPH, MO64506 43-1593799	INVESTMENT	МО	нн	C CORP	0	0	0 %
UPTOWN HOUSING INC 5325 FARAON ST JOSEPH, MO64506 26-1416252	REDEVELOPMENT	МО	нн	C CORP	0	0	0 %
UPTOWN ST JOSEPH REDEVELOPMENT CORP 5325 FARAON ST JOSEPH, MO64506 20-1742813	REDEVELOPMENT	МО	нн	C CORP	0	0	0 %
HEALTH CARE BENEFIT TRUST 5325 FARAON ST JOSEPH, MO64506 43-1286484	HEALTH CARE	МО	нн	TRUST	0	0	0 %



# 2 0 1 1

## Social Accountability Report

Building Healthier, More Livable Communities



## **Ways To Invest**

100% of your gift supports mission critical programming to build healthier, more livable communities.

#### **ONLINE GIVING**

You may make a gift securely online using your debit or credit card. Visit hfmarket.org.

#### **GIFTS OF STOCK**

By donating appreciated securities or mutual fund shares, you can provide a lasting contribution while receiving tax benefits, such as capital gains tax savings.

#### GIVE BY MAIL

Gifts made by check should be payable to Heartland Foundation and mailed to:
Heartland Foundation
518 S. 6th Street
St. Joseph, MO 64501

#### **ESTATE PLANNING**

To remember Heartland Foundation in your will or estate plan, be sure to name Heartland Foundation as beneficiary.

If you have already named the Foundation in your estate plan, please contact us so we can recognize your contribution.

## THINK AHEAD SOCIETY Creating the Future

We are honored to recognize new benefactors who belong to our Think Ahead Society with a contribution of \$750,000 or more to support our mission-critical work. A contribution may be pledged and paid over multiple years. Think Ahead Society members are recognized in perpetuity at emPowerU. In addition to the ThinkAhead Society, major philanthropic gifts ranging from \$25,000 to \$749,999 may be recognized at one of the following levels:

Synergizer - \$500,000 to \$749,999 Catalyst - \$250,000 to \$499,999 Generator - \$100,000 to \$249,999 Transformer - \$50,000 to \$99,999 Tower - \$25,000 to \$49,999

#### **DOCTORS OF HEARTLAND SOCIETY**

The Doctors of Heartland Society recognizes ohysicians who make an annual contribution at one of the following levels:

#### MEMBER

\$1,000 minimum annual contribution (\*\$500 annual contribution for physicians in their first 5 years of practice)

#### **LEADER**

\$2,500 minimum annual contribution

#### **FOUNDER**

\$5,000 minimum annual contribution

to learn more about benefits of The Doctors of Heartland Society please go to www.heartlandfoundation.org.



## Staying Connected and Thinking Ahead

Every week there is something exciting happening at emPowerU and here's how you can stay plugged in.

#### heartlandfoundation.org

Connect to <a href="www.t.eur">www.t.eur"</a> sand opportunities to support our think ahead initiatives.

#### hfmarket.org

Invest in innovation at htmarket.org. This site allows you to invest in shares of a Foundation program or initiative. Visit www.hfmarket.org today to learn more about the exciting apportunities you can impact by making a contribution online.

#### Facebook & Twitter

Want to know what's happening daily and weekly at Heartland Foundation? Follow us on Twitter and Facebook. You do not need to be a member of either site to stay current on Foundation activities.

Follow us on Twitter at <a href="https://www.twitter.com/Heart/andFrid">www.tacetrook.com/Heart/andFrid</a> and Facebook at <a href="https://www.tacetrook.com/Heart/andFoundation">www.facetrook.com/Heart/andFoundation</a>. If you have a Facebook page, please become a fan of Heartland Foundation and share the excitement with your friends.

#### The innovation has just begun....

Connect to www.hearlandloundation.org in the coming months as we continue to think ahead.

#### **CONTACT US:**

Heartland Foundation
518 S. 6th St. • St. Joseph, MO 64501
P: 816.271.7200 • TF: 1.800.447.1083 • F: 816.271.7269

#### A Letter to Our Investors

Heartland Foundation has a strong tradition of taking on new challenges. It began when our focus changed nearly 20 years ago to empower children and adults to build healthier, more livable communities. It has resulted in a commitment to work in collaboration, promoting civic leadership, innovation, and excellence in all that we do.

Along this journey, we have discovered that young people's voices are critical to shaping our future. They play a pivotal role in finding solutions that will spur economic recovery for our region and the nation. For this reason, we must encourage their ideas as they will face the consequences – positive or negative – of today's actions.

When we listen to youth talk about what they need to succeed, they mention caring adults who are willing to listen; an effective education to acquire knowledge, discover their abilities, and learn life skills; attractive jobs to keep them here; and opportunities to make a difference for their communities. For this to happen, we must continue to invest in their future.

Another Healthy Communities endeavor we facilitate engages people from all sectors across the region to explore ways to promote education and learning that leads to workforce-ready communities. Through the P-20 Council efforts, grassroots leaders are working to strategize actions to embrace education and entrepreneurialism as key investments that will enhance community revitalization, economic vitality, poverty reduction, and healthier lives.

With the challenges our communities and the nation face, the potential to build healthier places to live, learn, and work exists when people from diverse backgrounds come together. At emPowerU, we see the impact of young people and adults engaged in critical conversations that drive real change for their schools, businesses, and communities. Your investments in the Foundation's youth empowerment programs, P-20, and many other initiatives have made a difference in the lives of others and for our region.

We look forward to continuing this incredible journey with you. And, most of all, we thank you for your investment and support of Heartland Foundation. Your thoughts are always welcomed as we continue to think ahead about how we can better collaborate to continue to meet tomorrow's challenges.

In the service of our children and communities,

Judith K. Sabbert Chief Operating Officer Our Vision Healthier, More Livable Communities

Our Mission
To empower all children
and adults to continuously
improve their health
and quality of life.

Our Passion
Loving our kids and
our communities.

Heartland Foundation is committed to our children and communities. Founded in 1982, the Foundation was established as a 501(c)3 charitable organization. Working with local and national partners, we support projects most relevant to community needs. Our programs, which address youth, education, and healthier communities, are unique in the collaborative, inquiry-based learning approach we take through a number of innovative programs and practices.

We engage people from all walks of life and different perspectives to tackle the tough issues. They begin by having the critical conversations which inspire action to meaningfully address the root causes that drive the health and well-being of communities. In doing so, we transform lives and communities.

With the demands of the 21st century, our nation must address the social circumstances (education and income levels) that lead to healthier lives and thriving neighborhoods. According to research findings (Unnatural Causes, 2008; Overcoming Obstacles to Health, 2010, et al.), the social, economic, and physical environment in which we are born, live, and work determine how healthy we are – as much as our behaviors (smoking, diet, and exercise) and even more so than medical care.

Increasing education and income levels are the two social determinants that will make the greatest difference in building healthier, more livable communities.

Did you know that education is the single most effective intervention to improve health outcomes? Here are a few of the facts reported in these studies:

- Adults who do not complete high school are four times more likely to be in poor health compared to college graduates;
- College educated men live 6.8 years longer than men who have not graduated from high school; for women, it's more than 5 years;

- The median income for male college graduates was 60% higher than male high school graduates, and more than twice that for high school dropouts;
- Among teenagers, those who stay in school are less likely to engage in risky behaviors, become teen parents, and end up in low-paying jobs without career prospects; and,
- Early learning (birth 5 years) stimulates brain development, intellect, and behavioral patterns.

These and other findings reported in the PBS Documentary Unnatural Causes show a clear connection between health and learning at all ages, from early childhood throughout adult life. Go to

www.unnaturalcauses.org and www.commissiononhealth.org for more information.

Because strong and vibrant communities start with healthy and productive citizens, investments in educational attainment are crucial. Doing so will prepare a qualified workforce that leads to thriving businesses and an economy that supports better jobs and wages. This can have a profound impact on improving individual lives and society.

For this reason, Heartland Foundation works in collaboration with local, state, and national partners to leverage resources,

ideas, and new "think ahead" strategies. We're doing so by investing in a number of Foundation programs that promote educational attainment through youth empowerment and leadership, a P-20 "birth throughout life" Council, and other capacity building programs to transform and sustain communities.

This report offers stories, facts, and findings. We look forward to continuing this work with our partners in building a pathway to healthier, more livable communities. Your investment counts!



## **Healthy Communities**

Launched in 1994, the Healthy Communities Investor Council, under the auspices of Heartland Foundation, was formed to bring non-traditional partners to the table to share resources, different perspectives, and new possibilities for building healthier, more livable communities. Now funded by Heartland Health, Missouri Western State University, North Central Missouri College, Northwest Missouri State University, St. Francis Hospital & Health Services, and Heartland Foundation donors, the council serves as a sounding board for a variety of collaborative efforts.

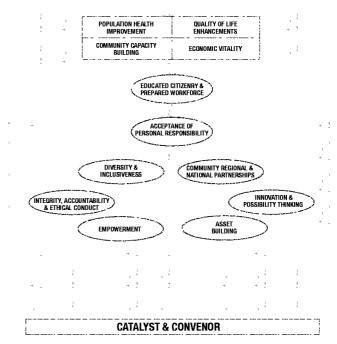
Diverse members include school administrators, community and economic developers, hospital administrators, technology experts, bank executives, and business partners. The initiative advocates for accountability systems (individual and community) that will facilitate the best answers that matter most. Over the past 15 years, data gathering and evaluation, networking summits, regional planning forums, and youth empowerment programs have evolved. For each initiative, a diverse group of regional citizens meets to address new innovations, collaborative partnerships, tools, and resources to promote mission-critical issues.

Since 2006, an outgrowth of the Healthy Communities Investor Council agenda has led to three regional strategic priorities:

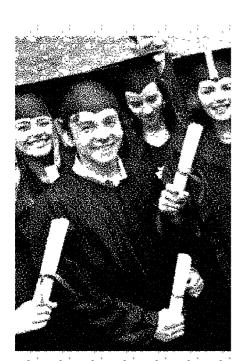
- Forming a northwest Missouri Preschool-20 (P-20) Business and Education Council to advocate for higher levels of education
- Bringing public and private partners together to promote an affordable broadband infrastructure with access in even the most remote rural areas and develop an regional information exchange
- Promoting a Culture of Character in homes, schools, and businesses

## think ahead em Power U **Leaders in Community Innovation**

Vision: Healthy, Empowered Communities



Mission Empower all children & adults to continuously improve their health & quality of life



The difference in lifetime earnings between a high school dropout and a college graduate tops nearly \$1.4 million (An Excellent Education for America's Children)

Providing Opportunities To Make a Difference

#### P-20 Business and Education Council

Recent data shows the U.S. currently lags behind a number of other industrialized nations in terms of high school graduation (OECD, 2006). Educational attainment is the most important determinant of a person's life chances in terms of employment, income, health status, housing, and other amenities. Dropouts earn less and are less likely to be employed. The net economic effect has costly consequences for the larger society when education levels remain low. Lifetime earners make on average \$322,000 less as dropouts than male high school graduates. Additionally, the difference in lifetime earnings between a high school dropout and a college graduate tops nearly \$1.4 million (An Excellent Education for America's Children).

Among developed countries, the U.S. ranks 18th in high school graduation rates and 15th in college graduation rates. Far fewer American students are completing high school with diploma rates trending downward from 85% to only about seven in 10 students who are actually successful in finishing high school today.

For these reasons, the Northwest Missouri P-20 Council is committed to promoting strategic ideas and partnerships focused on educational attainment and job growth. Call 816.271.7200 to get involved.

## Regional Technology Infrastructure

High-speed, affordable broadband is essential for our communities to communicate and do business in the 21st century. This demand will continue to grow rapidly as communities work to attract new business, new jobs and the right workforce.

As part of our Healthy Communities agenda, a Regional Technology Infrastructure Team was established to advocate for expanding connectivity, speed and access for broadband coverage in all parts of the state. This critical infrastructure is not just a pathway for economic growth; it's a prerequisite for economic survival. Quality education, health care and commerce depend on this resource.

With citizens from all walks of life and experts in all types of communication technology at the table, the regional team has made significant strides in championing to build this electronic bridge to economic vitality. The construction and allocation of state resources for this purpose will serve the best interest of all Missourians, so every citizen and business can communicate and do business to improve the overall health and quality of life for this region.

## **Character Building Programs**

According to a new Josephson Institute survey, U.S. high school students are apathetic about ethical standards. Sixty-four percent of students reported cheating on a test in the past year, while 30% admitted to stealing from a store. Despite these findings, young people were satisfied with their personal ethics and character believing that "when it comes to doing what is right, I am better than most people I know." In fact, a 2008 Report Card on the Ethics of American Youth indicates that 98% of the youth respondents believe it's important "to be a person with good character."

At the 2004 Healthy Communities Regional Planning Forum, character education was lifted up as one of several strategic focuses for the region. Thoughtful and positive actions in promoting integrity and other character traits are now widespread throughout the region. Advocating the value of these characteristics, a strong and compelling message is delivered through a character education campaign reaching schools and businesses alike.

## Healthy Partnerships/HEAL

Healthy Partnerships is an innovative funding program sponsored by Heartland Foundation, Heartland Health and North Kansas City Hospital. These funds have been established to encourage innovative initiatives that will assist northwest Missouri in achieving the vision of healthier, more livable communities. The partnership is currently awarding HEAL (Healthy Eating, Active Living ) grants to projects that foster and support these types of changes. All funded projects must have one or more community partners.

## **Scholarships**

As we continue to help launch many students on their path to higher education, Heartland Foundation is privileged to manage a number of educational scholarships. Students from throughout the 30-county region are eligible to apply for financial assistance through a number of scholarship opportunities, primarily in health-care fields. Since 2002, over 250 individuals have received assistance in achieving their educational goals through scholarship awards. For a complete list of scholarship opportunities available through HF, visit our website: www.heartlandfoundation.org.

#### **Culture of Character Traits** Tolerance — acceptance January of differences and the uniqueness of others and celebrating the common ground we share February **Honesty** — being truthful in what you say and do March **Cooperation** — working together toward a common goal April Perseverance demonstrating determination and commitment to complete a task Мау **Patience** — ability to remain calm and to wait for what vou want June **Confidence** — freedom from doubt and believing in yourself July **Integrity** — always doing the right thing even when no one else is watching **Responsibility** — taking August ownership of what you say and do September **Respect** — treating others with courtesy and honor October **Self-control** — having control over one's actions, words & emotions November **Citizenship** — being loyal to your school, community & country December **Compassion** — caring for others with kindness





### Youth Agenda

Since 2005, Heartland Foundation has offered schools and communities unique, field-tested learning experiences with the intent of nurturing creativity along with developing civic and workforce development skills in young people. Located at emPowerU, this one-of-a-kind youth agenda focuses on each young person's ability to learn and be successful. Years of independent evaluative research tell us that this approach is working. Delivering both school and community-based programs, a combination of hands-on activities gives participants real world experiences in community problem-solving and project-based learning. The different methods of instruction promote:

- The ability to think creatively and innovatively
- The opportunity to collaborate and learn how to effectively work in teams
- An appreciation for diversity
- The ability to research and locate information
- Multiple learning pathways to accommodate different learning styles and abilities
- The advancement of technology skills
- Good decision-making
- Leadership qualities
- Linking core classes to meaningful experiential learning activities
- An understanding that each person can make a meaningful difference in building and sustaining communities
- Transformative learning

Since 2005, more than 15,000 young people have been a part of this youth empowerment agenda. These schooland community-based programs are experiencing good results with the last six months of satisfaction scores collected from youth, teachers, adult sponsors, and volunteers reaching an all time high of greater than 99%.

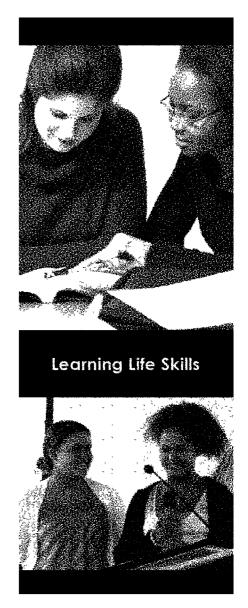
In addition, Kansas State University's E3 team gives a sharper picture by measuring the progress of these young people.

Youth who participate in Heartland Foundation Youth Empowerment Programs are more likely to:	Non- Participating	Participating
be asked to be a leader	57.8	65.1*
to serve as a leader	57.8	65.1*
spend more time on homework	24.7	27.7*
be involved with clubs, teams, etc.	49.9	65.0*
volunteer in their community	37.7	45.5*
feel accepted as members of the community	79:5	83,1*
believe they can personally contribute to the future of their community	80.1	84.6*
see their success is linked to how hard they work	84.0	88.2*
participate in activities to make decisions about their communities	55.8	61.6*
help solve community issues	59.0	67.9*
make a positive difference in my community	65.4	78.9*
believe that adults in their communities value young people as problem solvers and decision makers	61.4	69.1*
believe adults in their communities view youth positively	72.6	78.2*
feel a responsibility to keep their communities clean	87.5	100*

<sup>\*</sup> Differences in pre and post percentages are statistically significant

The students who participate in emPowerU programs range from top performing students to those at-risk. As one juvenile offender from the emPowerMe program said so well, "It helps you get better at life skills... and not only are you helping...you're also learning." Another participant summed his experience up in this way, "Before I never spoke up and shared my ideas. Now I have confidence, and I'm not afraid to speak up. I know I have good ideas and can make a difference."

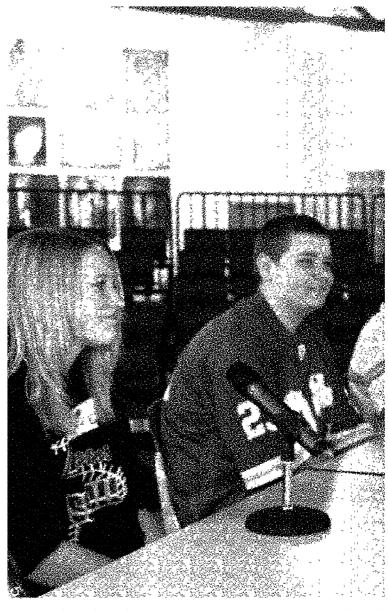
From those youth-led teams that championed a service-learning project, extraordinary stories were captured as a result of their participation in emPowerU programs. Addressing the needs of homeless youth and providing an open door for those in need of health care were just two major issues students addressed this past year. Through these real-world experiences, young people are realizing that one person can make a difference, and every one deserves that chance to do so.



# think ahead emPowerU

Heartland Foundation is always looking for ways to improve our programs. An experienced team is now working on a number of new opportunities to enrich what we do here. This enrichment is critical if we want to stay at the forefront in creating the next iteration of real world, hands-on learning. Creating healthier, more livable communities starts with education. At the same time, we must promote innovation and excellence in our communities and the region to assure that we provide the very best learning experiences for youth. Past successes and lessons learned will help us get there. From new problem-solving challenges and taking technology to the next level, Heartland Foundation hopes to incubate new pathways for learning and building healthier communities.

Recognizing the accomplishments of young people who have become involved in emPowerU programs is something all of us need to pay attention to...now and in the future. When our youth see the value of their education, realize the power of their own voice, can work successfully with others in finding solutions for important issues, and can count themselves as community contributors, our nation and our communities will become healthier. Education levels will rise. A prepared workforce will be in place. Qualified workers will attract quality jobs. The economy will thrive. And we will experience better health and a much better quality of life where we live, learn, work, and play.



emPowerU programs: Empowering Children and Adults

# Benchmarking Youth in Search Institute's 40 Developmental Assets National Asset Profile with Youth who Participate in Heartland Foundation's emPowerU® Initiatives

#### **EXTERNAL ASSETS**

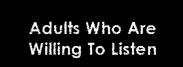
Support					
Asset	National	emPowerU* participants			
1 Family Support	68%	87%			
2 Positive Family Communication	28%	80%			
3 Other Adult Relationships	43%	84%			
4 Caring Neighborhood	37%	58%			
5 Caring School Climate	29%	63%			
6 Parent Involvement in Schooling	29%	63%			
E	Empowerment				
7 Community Values Youth	22%	81%			
8 Youth as Resources	26%	69%			
9 Service to Others <sup>1</sup>	48%	62%			
10 Safety	51%	74%			
Indicators of B	oundaries and Expect	ations			
11 Family Boundaries	46%	84%			
12 School Boundaries	52%	No Data			
13 Neighborhood Boundaries	47%	88%			
14 Adult Role Models	27%	73%			
15 Positive Peer Influence	63%	69%			
16 High Expectations	48%	82%			
Indicators of	f Constructive Use of Ti	me			
17 Creative Activities	21%	26%			
18 Youth Programs	57%	80%			
19 Religious Community	58%	62%			
20 Time at Home²	51%	63%			

#### **INTERNAL ASSETS**

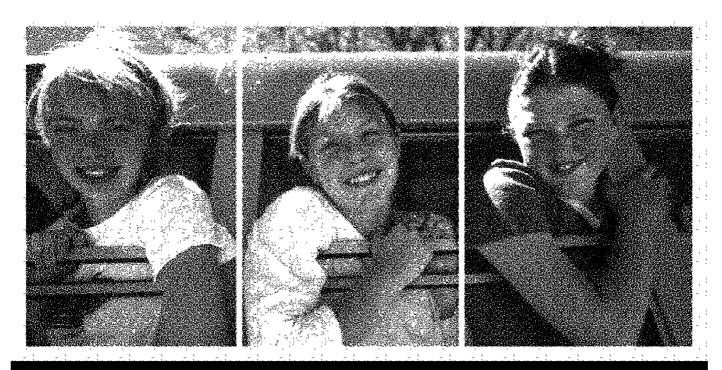
Commitment to Learning					
Asset	National	emPowerUP participants			
21 Achievement Motivation	65%	90%			
22 School Engagement	55%	72%			
23 Homework	47%	57%			
24 Bonding to School	52%	80%			
25 Reading for Pleasure	22%	64%			

<sup>1</sup> E3 Civic Survey (pre/post)





<sup>4</sup> HF Youth Survey question asks how often do you "just hang out" after school? (Response categories all the time, sometimes, never ) No negative connotation is connected with the HF question, that is, the HF question neither specifies "with nothing special to do" nor the number of days/week



**Effective Education** 

# A Comparison of Search Institute's 40 Developmental Assets National Asset Profile with Heartland Foundation's emPowerU® Asset Profile

Asset	Nafianal	emPowerU <sup>e</sup> participants
26 Caring	50%	85%
27 Equality and Social Justice	52%	89%
28 Integrity	68%	83%
29 Honesty	66%	No Data
30 Responsibility	63%	81%
31 Restraint	45%	74%
Social (	Competencies	
32 Planning and Decision Making	29%	86%
33 Interpersonal Competence	45%	82%
34 Cultural Competence	43%	86%
35 Resistance Skills	41%	88%
36 Peaceful Conflict Resolution	40%	58%
Posil	ive Identity	
37 Personal Power	42%	86%
38 Self-Esteem	48%	88%
39 Sense of Purpose	57%	91%
40 Positive View of Personal Future	72%	95%

#### emPowerMe

Heartland Foundation's mission is to empower children and adults to build healthier, more livable communities. One of the Foundation's youth empowerment programs is emPowerMe. Young status offenders participate in this intensive 12-week program designed to instill skills, knowledge, hope and responsibility. Since 2005, at-risk youth have learned to make positive choices that affect their lives and their communities through involvement in emPowerU. Participation in emPowerMe helps young people understand their personal strengths and learn to build upon them, see the impact they have on the world around them and realize that they can make a difference. The statements from these young people show the dramatic, lasting impact this program has made in their lives:

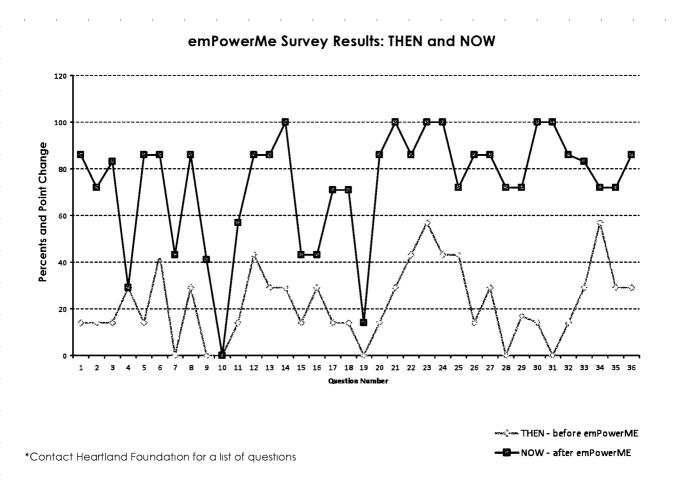
"I'm noticing things more. Like there's always a way to figure things out."

"We have dreams of what we want to change. Now we know we can make the difference."

"You learn more about the problems in the community, so it helps you not take things for granted."

"I've been in the program quite a while — almost a year, and I think I'm getting out soon. But I'm going to keep coming back until our project is finished. This project is very important to me."

"I've gotten better at understanding, and now I can use what I know to go out and help. It makes you feel good, knowing you are helping your community."





# Heartland Foundation and Project Fit America® Dedicated to Getting Kids Fit

As the founding regional sponsor of Project Fit America (PFA) since 1999, Heartland Foundation has pledged funding to provide training, curriculum and permanent outdoor and mobile fitness equipment to 51 schools (more than 13,000 students) located throughout the 30-county service region. Through a partnership with PFA, each year the Foundation is committed to securing additional funding to help more schools provide quality opportunities for children to be active, healthy and fit, while instilling lifelong fitness and good nutrition habits.

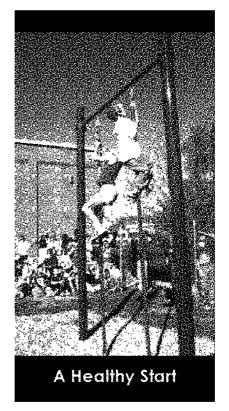
In addition to receiving state-of-the-art outdoor and indoor exercise equipment, instructors also receive on-site training and curriculum resource materials. In September 2010, PFA national trainers conducted a Midwest Conference Training Day, an interactive training session hosted by 2009 grant recipient St. James School in Liberty, MO, and attended by physical education instructors from HF sponsored Project Fit sites throughout the region.

In monitoring program effectiveness, pre- and post-tests are administered to track individual and school progress. After participating in Project Fit for a number of years, teachers at Pershing Elementary School indicated that "since that time our students did better in the classroom, attended school regularly and lowered their body mass index." Teachers often comment that the Project Fit students come directly from the program ready to learn. Parents say their children are ready to get out of bed and are excited to get to school just to participate in the program. This enthusiasm has resulted in area students achieving national record-holding status in 7 categories of the "Chart & Challenge" competition tracked by PFA.

# PROJECT FIT AMERICA®

## **Heartland Foundation Regional Testing Averages 2009-10**

	PRE	POST	IMPROVEMENT
Flex Arm Hang (Upper Body)	0:14 sec.	0:16 sec.	19.05%
Pull Ups (Modified) (Upper Body)	18.55	24.00	29.39%
Pull Ups (Upper Body)	4.93	6.18	25.34%
Horizontal Ladder (Upper Body)	2.95	2.96	0.34%
Step Test (Cardiovascular)	35.91	41.95	16.83%
Sit Ups (Abdominal)	28.20	32.67	15.87%
Step Test (Cardiovascular)	29.83	34.53	15.73%
Vaults (Lower Body)	10.67	13.35	25.123%
%-Mile Run (Cardiovascular)	5.16 min.	4.57 min.	5.41%
Mile Run (Cardiovascular)	12:09 mın.	10:56 mın.	5.52%
Pacer Test (Cardiovascular)	30.94 sec.	36.58 sec.	18.24%



These results are based on the most common, measurable areas of assessment for the students that had both pre- and post-test scores. Results are reported by schools and are not the product of independent control studies.



Promote Civic Leadership

### **Recognition Awards**

Heartland Centre for Rehabilitation and the Foundation received the 1995 National Safety Council's third place award for Improvements in the Quality of Life for People with Disabilities for efforts in children's rehabilitation.

St. Joseph Preservation, Inc. recognized the Foundation for quality restoration efforts of the Hope House.

Missouri Humanities Council selected the Foundation as its first regional coordinator of READ from the START, an initiative that encourages reading to children from infancy.

The Healthy Communities initiative received two state-wide honors for innovative community-building efforts from the Missouri Association of Community Task Forces (MoACT) and the Governor's Award for Community Health.

Foundation named as the state founding sponsor and a national research coordinator for Project Fit America.

Healthy Communities for the Midwestern Four Corners was one of three projects showcased by the City of St. Joseph in the 1997 All-America City Awards competition. St. Joseph won the top honor from the National Civic League.

Foundation served as a beta test site for the national Accelerating Community Transformation Project's OUTCOMES Toolkit.

The University of Minnesota's Humphrey Center for Democracy named the Foundation as the managing partner for the first-ever regional rural partnership in Public Achievement. The program encourages elementary students to become good citizens and effective community decision-makers.

Healthy Communities for the Midwestern Four Corners was selected as one of ten communities across the country to dialogue "what creates healthier communities?" Foundation received the Governor's Platinum Cornerstone Award for Fitness and Health Leadership to recognize our work with schools in sponsoring Project Fit and promoting healthier lifestyles.

Heartland Foundation and the Healthy Communities Summit were recognized in 2005 as a "promising practice" by the Southern Growth Policies Board in North Carolina.

Heartland Foundation was selected as one of 12 community-based organizations nationwide to receive a Learn & Serve America grant that supported a new program, Jump Starters, to encourage emPowerU students to take on community service projects.

At the November 2006 National EPA Brownfields Conference, Heartland Foundation was presented with the Environmental Protection Agency's Region VII Star Performer award for cleanup efforts at the emPowerU campus in the Brownfields district.

Governor Matt Blunt recognized Heartland Foundation for our youth empowerment work as a Show-me Solutions initiative.

2008 Awards included the Southern Growth Policies Board's Innovator Award for Youth Empowerment programs; designation by U.S. EPA Brownfields for Success in cultivating Sustainable Communities Award; and acknowledgment as a Spirit of Service National Award Finalist by Learn & Serve America and the Corporation for National & Community Service.

Together with Heartland Health, the Foundation accepted the 2009 Foster G. McGaw Prize for Excellence in Community Service. Of the five programs honored by this prize, four were HF sponsored programs.



# Innovations Led by Heartland Foundation



A 19th century home in a historic district was restored as the Heartland House for families and patients to stay while receiving medical care

In 1990 **Healthy Partnerships** was created as a matching grants program to encourage community groups to collaborate and find innovative solutions to improve the health of the population

**Project Youth** was co-founded with Heartland Volunteer Services to mentor high school students and encourage them to explore healthcare careers, students earn scholarship assistance while volunteering



A second home, **Hope House**, was renovated in a historic district to provide hospice care to patients at the end of life

A partnership formed with the Missouri's Cattlemen Foundation to aid Missouri families with grants from the **MCA Children's Fund** to purchase adaptive equipment for their children



Trustees voted to accept a new role for Heartland Foundation as the catalyst and convenor for the **Healthy Communities for the Midwestern Four Corners** initiative Northwest Missouri State University came on board as a facilitating partner

The first **Healthy Communities Transformation Forum** attracted 136 citizens from all walks of life to think about their community's future and how to plan for it

**Healthy Communities for the Midwestern Four Corners** was selected as one of six community-building efforts in the nation to codify best practices in leading healthier communities efforts



After several years of research, Heartland Foundation created the **emPower Plant** curriculum and immersion, a one-of-a-kind, inquiry-based learning program to engage young people in becoming active citizens

The **first incubator lab** was opened in 2005 to test the efficacy of the emPower Plant curriculum and immersion



In 2007 a dilapidated warehouse in the Brownfields district was restored as **emPowerU**, a unique, technology-rich research and solutions center to house a myriad of Foundation programs

The first **emPowerU immersion** was held in August of 2007

**Hope House** now serves as a bereavement & loss center and houses several community services

**emPowerMe** was created in partnership with the Juvenile Justice system as a new prototype in working with first-time status offenders

The first **Jump Starters Summit** was held to showcase the work of young people involved

Created **Launchpad**, an interactive website to post service-learning projects of emPowerU youth



Education, business, and community partners are working together on the **P-20 Council** to advocate for higher levels of education and workforce-ready communities



# Facts at a Glance

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emPowerU 518.S. 6th Street Soint Joseph, MO 64506 816.271.7200

#### **WEB ADDRESS**

www.hearlandfoundation.org

#### YOUTH SERVICE-LEARNING SHOWCASE

www.launchpad.hearliandfoundation.org

#### DAILY NEWS

www.facebook.com/HeartlandFoundationwww.twitter.com/HeartlandFnd

# INVESTMENT OPPORTUNITIES

www.htmarket.org

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Connie Stubier
Sara Summers Stein, Ph.D.
Annette Weeks

#### emPowerU Intern

Teresa Rodewald

#### **PROGRAMS & RESOURCES**

- Healthy Communities: Culture of Cnaracter, Community Transformation Forums, Healthy Communities Regional Investor Council, P-20 Education Council, Regional Planning Forums, Regional Technology Infrastructure Task Force, Healthy Communities Summit
- Youth Empowerment: emPower Me emPowerU school and communitybased models.
- Resources: Scholarships, Healthy Partnerships, Healtland House. Hope House, Jump Starters, MCA Children's Fund, Touchstone, Healtland Charitable Trust Fund.



heartland foundation