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# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection and ending A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change HEARTLAND FAMILY SERVICE Name change 47-0390618 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ (402)553-30002101 SO. 42ND STREET termin-ated 34,469,775. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 68105-2909 Amended OMAHA, NE H(a) Is this a group return Applica-F Name and address of principal officer: JOHN JEANETTA Yes X No for subordinates? pending SAME AS C ABOVE ∐Yes L No **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.HEARTLANDFAMILYSERVICE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1875 M State of legal domicile: NE Part I Summary Briefly describe the organization's mission or most significant activities: TO STRENGTHEN INDIVIDUALS AND Activities & Governance FAMILIES IN OUR COMMUNITY THROUGH EDUCATION, COUNSELING AND SUPPORT oxdet if the organization discontinued its operations or disposed of more than 25% of its net assets. 31 Number of voting members of the governing body (Part VI, line 1a) <u>31</u> Number of independent voting members of the governing body (Part VI, line 1b) 609 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 203 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 41,301,551. 6,155,733. 26,894,776. Contributions and grants (Part VIII, line 1h) Revenue 5,666,071. Program service revenue (Part VIII, line 2g) 1,005,175. 378,067. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 219,601. 13,068. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 48,475,527. 33,158,515. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 3,383,331. 3,106,756. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 24,224,351. 25,400,146. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 8,212,238 8,113,491. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 35,819,920. 36,620,393. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,655,607. -3,461,878. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 53,515,624. 46,510,589. 20 Total assets (Part X, line 16) 7,815,759. 5,899,039. 21 Total liabilities (Part X, line 26) 45,699,865. 40,611,550. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign PAULI BISHOP, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature AMY SUGHROUE P01058335 Paid self-employed FRANKEL ZACHARIA, LLC Firm's EIN 47-0574775 Preparer Firm's name Firm's address 11404 WEST DODGE RD, SUITE 700 Use Only

OMAHA, NE 68154-2576

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

402-496-9100

Phone no

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO STRENGTHEN INDIVIDUALS AND FAMILIES IN OUR COMMUNITY THROUGH
	EDUCATION, COUNSELING AND SUPPORT SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 17,215,580. including grants of \$ 61,301.) (Revenue \$ 5,505,200.)
	COUNSELING & PREVENTION: PROGRAMS IN THIS AREA SHARE A CENTRAL FOCUS ON
	THERAPEUTIC SERVICES IN ORDER TO TREAT CURRENT MENTAL HEALTH AND
	SUBSTANCE USE ISSUES, MANAGE CHRONIC ILLNESSES, AND INTERVENE EARLIER
	TO LIMIT OCCURRENCES THROUGH MENTAL HEALTH COUNSELING, EDUCATION, AND
	PREVENTION SERVICES. PROGRAMS WITHIN COUNSELING & PREVENTION INCLUDE:
	ALL COUNSELING AND PREVENTION PROGRAMS, COUNSELING (NE), FAMILY WORKS
	(NE), IA SUBSTANCE ABUSE AND GAMBLING PREVENTION, COUNSELING (IA),
	PREVENTION IOWA - DRUG FREE COMMUNITIES (DFC), INTEGRATED HEALTH HOME, SARPY JUVENILE JUSTICE CENTER, ACT - ASSERTIVE COMMUNITY TREATMENT
	(IA), HEARTLAND BRIDGES, MENTAL HEALTH CRISIS RESPONSE TEAM (IA),
	FAMILY WORKS (IA), THERAPEUTIC SCHOOL, ASAP SARPY CRISIS RESPONSE,
	DOUGLAS COUNTY YOUTH CENTER, PREVENTION - TFN/MOTAC, SCHOOL BASED
41-	1 450 000 5 610 44 100
4b	(Code: ) (Expenses \$ 1,458,929 including grants of \$ 7,610 · ) (Revenue \$ 44,130 · ) (Revenue \$ ENTIRE
	LIFESPAN. FROM EARLY CHILDHOOD EDUCATION PROGRAMMING TO THERAPEUTIC
	INTERVENTION FOR TROUBLED TEENS TO SOCIAL AND NUTRITIONAL OFFERINGS FOR
	SENIORS, PARTICIPANTS IN OUR PROGRAMS RECEIVE EDUCATION AND SUPPORT
	TODAY IN ORDER TO HAVE A BRIGHTER FUTURE. PROGRAMS WITHIN CHILD &
	FAMILY WELLBEING INCLUDE: GENERATIONS CENTER AND IN HOME OMAHA FAMILY
	SUPPORT. MORE INFORMATION ABOUT THESE PROGRAMS CAN BE FOUND AT
	HTTPS://WWW.HEARTLANDFAMILYSERVICE.ORG/CHILD-AND-FAMILY/. THERE WERE
	1,470 SERVICE HOURS PROVIDED AND 5,962 MEALS PROVIDED THROUGHOUT THESE
	PROGRAMS IN 2022.
4c	(Code: ) (Expenses \$ 12,031,143. including grants of \$ 3,037,845.) (Revenue \$ 132,434.)
	HOUSING, SAFETY & FINANCIAL STABILITY: THE GOAL OF PROGRAMS IN THIS
	AREA IS TO PROVIDE IMMEDIATE, AS WELL AS LONG-TERM ASSISTANCE TO
	MEMBERS OF OUR COMMUNITY EXPERIENCING ISSUES OF DOMESTIC VIOLENCE,
	SEXUAL ASSAULT, HOMELESSNESS, AND FINANCIAL CRISIS. PROGRAMS WITHIN
	HOUSING, SAFETY & FINANCIAL STABILITY INCLUDE: HEARTLAND HOUSING
	CONNECTIONS RRH, HOMELESS PREVENTION, HEARTLAND HOUSING OPPORTUNITIES
	RRH, DOMESTIC VIOLENCE / SEXUAL ASSAULT SERVICES, VAWA (DOMESTIC
	VIOLENCE / SEXUAL ASSAULT SERVICES), NE VOCA (DOMESTIC VIOLENCE /
	SEXUAL ASSAULT SERVICES), SASP (DOMESTIC VIOLENCE / SEXUAL ASSAULT
	SERVICES), WAYS TO WORK, HEARTLAND HOUSING PASSAGES RRH, PCHL RRH,
	HEARTLAND HOUSING SOLUTIONS PSH, HEARTLAND HOMES PSH, HOMELESS
	SUPPORTIVE SERVICES, HEARTLAND HOUSING SANCTUARY, AND HOMELESS
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
_4e	
	Form <b>990</b> (2022)
23200	SEE SCHEDULE O FOR CONTINUATION(S)

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			. v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Δ.	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<del> </del>
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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, line 10? If "Yes," complete Schedule D,		l	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Δ.	
a	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		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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 and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del>  ^</del>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	<del></del>	
.5	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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# Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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		l	
	Schedule J	23	Х	
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 through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		22
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohadula I Dout I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05 -	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
D	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 250			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		Г	aan	(0000)

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# 022) HEARTLAND FAMILY SERVICE Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
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	2a 609			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 ser	vices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
0	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		8		
9			9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100	-		
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				37
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.	at dat			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 31 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 31 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 402-553-3000

Form **990** (2022)

68105

2101 S. 42ND STREET, OMAHA, NE

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((	<b>C)</b>		iout	(D)	(E)	(F)
Name and title	Average hours per		not cl		more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any hours for	or director						the organization	organizations (W-2/1099-MISC/	compensation
	related	ee or d	stee			nsated		(W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	al trust	nal tru		loyee	ompe e		1099-NEC)	,	and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN JEANETTA	37.50									
PRESIDENT/CEO				Х				249,006.	0.	31,870.
(2) MARY O'NEILL	37.50								_	
CHIEF OPERATING OFFICER						Х		155,232.	0.	19,851.
(3) ALFRED ONGESA	37.50							4 0.0		
NURSE PRACTIONER						Х		145,369.	0.	13,906.
(4) MARZIA SHIELDS	37.50							400 400		40.404
CHIEF DEVELOPMENT OFFICER	25 50					Х		132,133.	0.	18,101.
(5) DIANNA PROKUPEK	37.50					37		142 024	0	C 57C
NURSE PRACTIONER	27 50					Х		143,024.	0.	6,576.
(6) JENNY STEWART	37.50					х		121 071	0.	10 675
PROGRAM DIRECTOR	37.50					Λ		131,071.	0.	10,675.
(7) GREG GUNDERSON	37.30			х				89,707.	0.	10,531.
(8) JULIE STROHFUS	2.00			Δ				09,101.	· ·	10,331.
CHAIR	2.00	Х		х				0.	0.	0.
(9) BECKY JACKSON	2.00							0.	0.	<u> </u>
SECRETARY	2.00	x		х				0.	0.	0.
(10) TRAVIS FRY	2.00									
TREASURER		х		x				0.	0.	0.
(11) MARCOS HERNANDEZ	2.00									
VICE CHAIR		х		х				0.	0.	0.
(12) MEGAN HOLTORF	1.00									
DIRECTOR THRU JUNE 2022		Х						0.	0.	0.
(13) ANTHONY ASHBY	1.00									
DIRECTOR THRU MAY 2022		Х						0.	0.	0.
(14) DAVID WARREN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) NANCY WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DOMINIQUE MORGAN	1.00							_		_
DIRECTOR THRU MAY 2022	1 00	Х						0.	0.	0.
(17) ANDREA HARGUS	1.00							_	_	_
DIRECTOR		X						0.	0.	0.

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Form 990 (2022) <b>HEARTLA</b>	ND FAMIL	YS	SEI	RV]	[C]	E			47-0390	618	P	age 8
Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	<b>C)</b>			(D)	(E)		(F)	
Name and title	Average hours per week	box	not c	Pos heck ss pe nd a d	more rson	than	h an	Reportable compensation from	Reportable compensation from related		stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org an	npensa rom th panizat d relat anizati	e tion ted
(18) ALAN THELEN	1.00							_	_			
DIRECTOR		Х						0.	0.			0.
(19) AMY OLSON	1.00											_
DIRECTOR	1	Х						0.	0.			0.
(20) LAUREN WEIVODA	1.00	١							•			•
DIRECTOR	1 00	Х						0.	0.			0.
(21) JACQUE MERRITT	1.00	,,						_	_			^
DIRECTOR	1 00	Х						0.	0.			0.
(22) ABE SCHLOTT	1.00	Ψ,						_	_			0
DIRECTOR	1.00	Х						0.	0.			0.
(23) TOM FRETTE DIRECTOR THRU JUNE 2022	1.00	x						0.	0.			0.
(24) PATTY KEAIRNES	1.00	^						0.	0.			<u> </u>
DIRECTOR	1.00	X						0.	0.			0.
(25) BARRY THOMAS	1.00	25						0.	0.			
DIRECTOR	1.00	x						0.	0.			0.
(26) SUSANNE MILLER	1.00							•	•			
DIRECTOR		x						0.	0.			0.
1b Subtotal	I		<u> </u>			I		1,045,542.	0.	11	1,5	
c Total from continuation sheets to Part								0.	0.			0.
d Total (add lines 1b and 1c)								1,045,542.	0.	11	1,5	10.
2 Total number of individuals (including bu									0.000 of reportable	·		
compensation from the organization						,			, ,			11
											Yes	No
3 Did the organization list any former office	er, director, trust	ee, l	сеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J fo										3		Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$										4	Х	
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes," c	omplete Schedul	e J f	or si	uch	pers	son .				5		Х

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	<b>(C)</b> Compensation
PROFESSIONAL	154,835.
	Description of services

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

	ND FAMIL	Y ;	5 E I	X V J	LCI	<u> </u>			47-039	0018
Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	oyee	es, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	(c		Posi all t			oly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	ons utility and the state of th		the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(27) MATT SMITH	1.00							0.	0.	0
DIRECTOR	1 00	Х					_	0.	0.	0.
(28) PHILANA BLAKELY DIRECTOR	1.00	x						0.	0.	0.
(29) DONNA DOSTAL	1.00									
DIRECTOR		Х						0.	0.	0.
(30) ANGELA AVIS	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(31) LEANNE ZIETTLOW DIRECTOR	1.00	x						0.	0.	0.
(32) JULIE GIBSON-BEIER	1.00	<del> </del>								
DIRECTOR THRU JUNE 2022		Х						0.	0.	0.
(33) JONATHAN JAMESON	1.00									
DIRECTOR		Х						0.	0.	0.
(34) GREG ROTHERMEL	1.00									
DIRETOR		Х						0.	0.	0.
(35) HEATHER SIEBKEN	1.00									_
DIRECTOR		Х						0.	0.	0.
(36) AMANDA WILIIAMS	1.00	ļ ,,								0
DIRECTOR	1 00	Х					_	0.	0.	0 .
(37) BOBBY BRUMFIELD DIRECTOR	1.00	x						0.	0.	0.
(38) FRANK BAILEY	1.00	^					┢	0.	0.	0 .
DIRECTOR AS OF JULY 2022	1.00	X						0.	0.	0.
(39) SCOTT BINDER	1.00	123							•	
DIRECTOR AS OF MAY 2022		X						0.	0.	0.
(40) KERRI CULVER	1.00									
DIRECTOR AS OF MAY 2022		Х						0.	0.	0.
(41) DAN GOMEZ	1.00									
DIRECTOR AS OF MAY 2022		Х						0.	0.	0.
(42) BRENDA LANGENBERG	1.00							_	_	_
DIRECTOR AS OF JUNE 2022		Х						0.	0.	0.
(43) CATHY PETTID	1.00	۱								
DIRECTOR AS OF MAY 2022		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 (2022)
Part VIII | 5

			Check if Schedule O contain	s a resp	onse	or note to any lin	ne in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
ts ts	1	<u>-</u>	Federated campaigns	1a		606,351.				
un in			Membership dues			, , , , , , , , ,				
ا ق ق			Fundraising events			318,303.				
ifts			Related organizations			310,303.				
n;			Government grants (contribution			18,709,976.				
Sir			All other contributions, gifts, grants,	· -		10,700,570.				
e ti		٠		1 1		7 260 146				
등등			similar amounts not included above	··· —	Φ.	7,260,146. 376,248.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1a-			370,240.	26 904 776			
90		n	Total. Add lines 1a-1f			D	26,894,776.			
	_		COUNCEL THE AND DREVENMEN	т.		Business Code	E E0E 200	E E0E 200		
Program Service Revenue	2		COUNSELING AND PREVENTION			624100	5,505,200.	5,505,200.		
ne P			HOUSING, SAFETY AND FINA			624100	132,434.	132,434.		
en S		С	CHILD AND FAMILY WELL-BE	LNG		624100	28,437.	28,437.		
Re		d								_
or_		е								
۱ ۵			All other program service revenu							
		g	Total. Add lines 2a-2f				5,666,071.			
	3		Investment income (including div	idends,	intere	est, and				
							318,786.			318,786.
	4		Income from investment of tax-exempt bond			roceeds				
	5		Royalties							
				(i) Rea	ıl	(ii) Personal				
	6	а	Gross rents 6a	221,	983.					
		b	Less: rental expenses 6b		0.					
		c Rental income or (loss) 6c 221,983.								
		d	Net rental income or (loss)				221,983.			221,983.
	7	а	Gross amount from sales of	i) Securi	ties	(ii) Other				
			assets other than inventory 7a	1,328,	794.					
		b	Less: cost or other basis							
ne			and sales expenses 7b	1,250,	673.	18,840.				
Other Revenue		С	Gain or (loss) 7c	78,	121.	-18,840.				
Re			Net gain or (loss)			•	59,281.			59,281.
ē			Gross income from fundraising even							
₹			including \$ 318,3							
			contributions reported on line 1c							
			Part IV, line 18		8a	23,672.				
		b	Less: direct expenses		8b	41,747.				
			Net income or (loss) from fundral				-18,075.			-18,075.
			Gross income from gaming activ				,			,
	-		Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from gaming			l				
			Gross sales of inventory, less ret		~~					
		<b>-</b>	and allowances		10a					
		h	Less: cost of goods sold		-					
			Net income or (loss) from sales of			•				
$\dashv$		_	The mount of these months ales to	. IIIVEIIL	,ıy	Business Code				
snc	11	2	MISCELLANEOUS REVENUE			900099	15,693.	15,693.		
Miscellaneous Revenue					_		13,055.	15,055.		
ella		b								
Re		۲ C	All other revenue							
Σ			All other revenue				15 602			
		e	Total. Add lines 11a-11d				15,693.	E 601 764	0.	E01 07F
	12		Total revenue. See instructions				33,158,515.	5,681,764.	ı .	581,975.

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# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	Check if Schedule O contains a response to the contains a response to the contains and the contains and the contains and the contains a response to the cont	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	3,106,756.	3,106,756.		
3	Grants and other assistance to foreign	3/100//300	3,200,7300		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	381,114.		324,939.	56,175
6	Compensation not included above to disqualified	7727			
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,332,769.	17,321,016.	2,674,178.	337,575
8	Pension plan accruals and contributions (include	, , , , , , , , ,	, , , , , = 3 0	, ,	. ,
-	section 401(k) and 403(b) employer contributions)	584,389.	426,265.	139,399.	18,725
9	Other employee benefits	2,168,346.		366,761.	68,040
10	Payroll taxes	1,933,528.	1,691,367.	226,707.	15,454
11	Fees for services (nonemployees):		, ,	,	<u> </u>
a					
b	Legal	123,409.	67,783.	55,619.	7
c		135,625.	94,957.	37,807.	2,861
	Lobbying	,	,	,	<u> </u>
е	D ( ' 1( 1 ' ' ' ' O D ' N' I' 17				
f	Investment management fees	34,280.		34,280.	
g					
_	column (A), amount, list line 11g expenses on Sch O.)	1,623,698.	1,109,856.	494,386.	19,456
12	Advertising and promotion	317,738.	131,241.	123,808.	62,689
13	Office expenses	1,015,149.	885,350.	111,623.	18,176
14	Information technology				
15	Royalties				
16	Occupancy	1,925,604.	1,818,236.	88,669.	18,699
17	Travel	482,547.	405,902.	72,535.	4,110
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	136,338.	104,623.	30,201.	1,514
20	Interest	202,157.	202,157.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	782,748.	679,162.	85,436.	18,150
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT REPAIRS AND M	520,992.	437,006.	70,619.	13,367
b	MISCELLANEOUS	478,907.	195,561.	263,498.	19,848
С	UNCOLLECTIBLE ACCOUNTS	216,354.	216,354.	0.	0
d	ORGANIZATION DUES	117,945.	78,515.	36,885.	2,545
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	36,620,393.	30,705,652.	5,237,350.	677,391
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note t	o an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			5,441,273.	1	3,887,999.
	2	Savings and temporary cash investments			5,315,068.	2	4,323,292
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			12,108,943.	4	8,465,826
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified	d per	rsons (as defined			
		under section 4958(f)(1)), and persons described in				6	
şţs	7	Notes and loans receivable, net			1,894,392.	7	1,957,280
Assets	8	Inventories for sale or use			404 000	8	100 001
⋖	9	Prepaid expenses and deferred charges		194,277.	9	188,994	
	10a	Land, buildings, and equipment: cost or other		05 601 050			
			0a	25,601,879.	12 555 550		10 505 014
	I		0b	11,814,665.	13,555,572.	10c	13,787,214
	11	Investments - publicly traded securities			6,670,152.	11	5,500,657
	12	Investments - other securities. See Part IV, line 11		1,508,514.	12	1,274,539	
	13	Investments - program-related. See Part IV, line 11			6,711,645.	13	6,711,594
	14	Intangible assets			103,446.	14	51,674 361,520
	15	Other assets. See Part IV, line 11			12,342. 53,515,624.	15	46,510,589
	16	Total assets. Add lines 1 through 15 (must equal li			922,867.	16 17	1,190,223
	17	Accounts payable and accrued expenses		922,001.		1,190,225	
	18 19	Grants payable			18 19		
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Par			18,238.	21	258,370
"	22	Loans and other payables to any current or former			10,230.	21	230,370
ij		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelated			6,499,456.	23	3,989,794
	24	Unsecured notes and loans payable to unrelated the			<u> </u>	24	
	25	Other liabilities (including federal income tax, payal		-			
		parties, and other liabilities not included on lines 17					
		of Schedule D	,	·	375,198.	25	460,652
	26	Total liabilities. Add lines 17 through 25			7,815,759.		5,899,039
<b></b>		Organizations that follow FASB ASC 958, check					
Ses		and complete lines 27, 28, 32, and 33.					
ılan	27	Net assets without donor restrictions	23,515,536.	27	25,740,545		
B	28	Net assets with donor restrictions	22,184,329.	28	14,871,005		
Ĭ		Organizations that do not follow FASB ASC 958	, che	eck here			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds $\dots$				29	
sse	30	Paid-in or capital surplus, or land, building, or equip				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income			45 600 065	31	40 611 550
ž	32	Total net assets or fund balances		ı	45,699,865.	32	40,611,550
	33	Total liabilities and net assets/fund balances			53,515,624.	33	46,510,589

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,62		
3	Revenue less expenses. Subtract line 2 from line 1	3		,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45	,69	9,8	65.
5	Net unrealized gains (losses) on investments	5	-1	,62	6,4	37.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	40	,61	1,5	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HEARTLAND FAMILY SERVICE

Employer identification number 47-0390618

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	orgar	nization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative				)(b)(1)(A)(i	ii).	
4		A medical research organiz						the hospital's name.
		city, and state:		. ,				,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3	ш	section 170(b)(1)(A)(iv). (C		mege of difficersity owner	u or opera	led by a g	overnmental unit descrit	Jed III
			•			70/1-\/4\/A\	<i>(</i> )	
6	$\overline{\mathbf{v}}$	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
7	X			intial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Н	A community trust describe						
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	•					
а		Type I. A supporting orga				•	•	, aivina
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•			
		organization. You must o			- · · · · · · · · · · · · · · · · · · ·			
b		Type II. A supporting org			tion with it	e eunnort	ed organization(s) by ha	vina
~		control or management o						-
		-			arrie perso	JIIS IIIAI CI	ontrol of manage the sup	ported
_		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·		in connoc	tion with	and functionally integrat	ad with
С			-				•	eu wiiri,
		its supported organization		•				
d		⊥ Type III non-functionally					• • • • • •	* *
		that is not functionally int	-	· ·	•		·	iveness
	_	requirement (see instruct	•	•				
е		□ Check this box if the organic	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	er the number of supported o	organizations					
<u>g</u>		vide the following information		` ` ` `	(iv) Is the orga	nization lieted		
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	nl							

# Part II 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.)

Sec	ction A. Public Support	7.1		,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-, : -	(-,	(-,	(-,/	(-,	(-/
	membership fees received. (Do not						
	include any "unusual grants.")	36427840.	19496353.	26367160.	41301551.	26894776.	150487680
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	36427840.	19496353.	26367160.	41301551.	26894776.	150487680
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						21960431.
	Public support. Subtract line 5 from line 4.						128527249
	ction B. Total Support	1		1		1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 150487680
	Amounts from line 4	3642/840.	19496353.	2636/160.	41301551.	26894//6.	15048/680
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	255 072	474 000	270 407	246 410	F40 760	2006770
	and income from similar sources	355,073.	474,020.	370,497.	346,419.	540,769.	2086778.
9	Net income from unrelated business						
	activities, whether or not the	65.	6.5	7 570			7 700
	business is regularly carried on	65.	65.	7,572.			7,702.
10	Other income. Do not include gain						
	or loss from the sale of capital	161,661.	120,678.	79,347.	26,256.	20 214	427,256.
	assets (Explain in Part VI.)	101,001.	120,070.	19,341.	20,250.	39,314.	153009416
	Total support. Add lines 7 through 10		`			30	,521,275.
	Gross receipts from related activities		,	f			, 341, 413.
13	First 5 years. If the Form 990 is for the organization, check this box and stop			*	-	. , . ,	
Sec	ction C. Computation of Publ						<u></u>
	Public support percentage for 2022 (			column (f))		14	84.00 %
	Public support percentage from 2021					15	82.27 %
	<b>33 1/3% support test - 2022.</b> If the <b>6</b>						
b	stop here. The organization qualifies as a publicly supported organization  **Discrete: Stop here.** The organization qualifies as a publicly supported organization  **Discrete: Stop here.** The organization qualifies as a publicly support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qual	· ·		,		,	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ū					•
	meets the facts-and-circumstances to		•	•	•		
b	10% -facts-and-circumstances tes	-		*	-	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	eck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	and see instruction	ns
						Schedule A	(Form 990) 2022

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	elow, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,			, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-					+	
4	•						
	ization's benefit and either paid to or expended on its behalf						
_			+			+	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						i
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's '	I first second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	· ·		ŕ	•		.5.1,
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		15	9,
	Public support percentage from 2021					16	9
	ction D. Computation of Investigation					1101	
	Investment income percentage for 20					17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the						
198							I / IS HOL
	more than 33 1/3%, check this box a						L
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a. or 19b. check t	his box and see i	nstructions	

232023 12-09-22

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	ฮม		
	9с		
	10a		
	10b		
4	A /Ears	~ 000	0000

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 HEARTLAND FAMILY SERVI	CE	4	47-0390618 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ		· ·
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Distributable amount divided by line 9 amount 10  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-	Current Year  (iii)  Distributable Amount for 2022
1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Distributable amount divided by line 9 amount 10  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-	(iii) Distributable
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt-use assets  5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  6 Other distributions (describe in Part VI). See instructions.  7 Total annual distributions. Add lines 1 through 6.  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2022 from Section C, line 6  10 Line 8 amount divided by line 9 amount  (i)  Excess Distributions  Pre-2022  Ar  1 Distributable amount for 2022 from Section C, line 6  2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt-use assets  5 Qualified set-aside amounts (prior IRS approval required · provide details in Part VI)  6 Other distributions (describe in Part VI). See instructions.  7 Total annual distributions. Add lines 1 through 6.  7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  8 Distributable amount for 2022 from Section C, line 6  9 Distributable amount divided by line 9 amount  10  Section E - Distribution Allocations (see instructions)  Excess Distributions  Pre-2022  Ar  1 Distributable amount for 2022 from Section C, line 6  2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Distributable amount divided by line 9 amount 10  Section E - Distribution Allocations (see instructions)  C(i)  Excess Distributions Pre-2022  I Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Distributable amount divided by line 9 amount 10  Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
6 Other distributions (describe in Part VI). See instructions.  7 Total annual distributions. Add lines 1 through 6.  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2022 from Section C, line 6  10 Line 8 amount divided by line 9 amount  (i)  Section E - Distribution Allocations (see instructions)  (ii)  Excess Distributions  Pre-2022  1 Distributable amount for 2022 from Section C, line 6  2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
7 Total annual distributions. Add lines 1 through 6. 7  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8  9 Distributable amount for 2022 from Section C, line 6 9  10 Line 8 amount divided by line 9 amount (i) (ii) (iii)  Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2022 Ar  1 Distributable amount for 2022 from Section C, line 6  2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2022 from Section C, line 6  9 10 Line 8 amount divided by line 9 amount  (i) (ii) Underdistributions Pre-2022  1 Distributable amount for 2022 from Section C, line 6  2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
(provide details in Part VI). See instructions.  9 Distributable amount for 2022 from Section C, line 6  10 Line 8 amount divided by line 9 amount  (i)  Section E - Distribution Allocations (see instructions)  (ii)  Excess Distributions  Pre-2022  1 Distributable amount for 2022 from Section C, line 6  2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount  (i)  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
10 Line 8 amount divided by line 9 amount  (i)  Section E - Distribution Allocations (see instructions)  Excess Distributions  Pre-2022  1 Distributable amount for 2022 from Section C, line 6  2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
Section E - Distribution Allocations (see instructions)  Location E - Distributions (see instructions)  Excess Distributions  Underdistributions Pre-2022  Ar  Underdistributions, if any, for years prior to 2022 (reason-	Distributable
Section E - Distribution Allocations (see instructions)  Excess Distributions Pre-2022  1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reason-	Distributable
2 Underdistributions, if any, for years prior to 2022 (reason-	
III a desire D. 1900 O. d. I. I.	
able cause required - explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2022	
a From 2017	
<b>b</b> From 2018	
c From 2019	
<b>d</b> From 2020	
e From 2021	
f Total of lines 3a through 3e	
g Applied to underdistributions of prior years	
h Applied to 2022 distributable amount	
i Carryover from 2017 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2022 from Section D,	
line 7:	
a Applied to underdistributions of prior years	
<b>b</b> Applied to 2022 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2022, if	
any. Subtract lines 3g and 4a from line 2. For result greater	
than zero, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in	

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

# Schedule B (Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

HEARTLAND FAMILY SERVICE

Employer identification number

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Oh a a la if		a source of thrust the Compared Divide are a Comparied Divide			
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).			

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# HEARTLAND FAMILY SERVICE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,706,130.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,093,654</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 547,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$880,227.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 748,697.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 202,507.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

# HEARTLAND FAMILY SERVICE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,092,080.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,439,620.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$606,351.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,177,188.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u>	5-22	\$ <u>1,457,119.</u>	Person X Payroll

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

# HEARTLAND FAMILY SERVICE

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	710 SH BERKSHIRE HATHAWAY INC CL B STOCK	_	
			09/13/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
	5-22		Schedule B (Form 990) (20)

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 47-0390618 HEARTLAND FAMILY SERVICE Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

#### **SCHEDULE C** (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organiz	zations: Complete Part III.					
Nan	ne of organization			Er	nployer identification number		
		AND FAMILY SERVIO			47-0390618		
Pa	art I-A Complete if the o	rganization is exempt un	der section 501(c)	or is a section 527	organization.		
2	Provide a description of the organ Political campaign activity expensions Volunteer hours for political camp	ditures					
Pa	art I-B Complete if the o	rganization is exempt un	der section 501(c)	)(3).			
1	Enter the amount of any excise to	ax incurred by the organization ur	nder section 4955		\$		
2	Enter the amount of any excise to	ax incurred by organization mana	gers under section 495	5	\$		
	If the organization incurred a sec						
4a	a Was a correction made?				Yes No		
	o If "Yes," describe in Part IV.						
	art I-C Complete if the o	<u> </u>	<u>`</u>	•	_ ` ' ' '		
	Enter the amount directly expend				\$		
2	Enter the amount of the filing org		•		•		
•	exempt function activities  Total exempt function expenditur				\$		
3	·			·	¢		
4	line 17b  Did the filing organization file <b>For</b>						
5	Enter the names, addresses and made payments. For each organi contributions received that were political action committee (PAC).	employer identification number (f zation listed, enter the amount pa promptly and directly delivered to	EIN) of all section 527 p aid from the filing organ o a separate political org	olitical organizations to w ization's funds. Also ente ganization, such as a sep	hich the filing organization or the amount of political		
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22

	art II-A	section 501(h)).	janizaud	n is exei	mpt under sectio	11 50 1(c)(3) and 111	iea Form 5/66 (ei	ection under
A	Check	if the filing organiza	tion belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	I group member's nam	e, address, EIN,
		expenses, and sha	re of exces	s lobbying	expenditures).			
В	Check	if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
				oying Expe leans amou	nditures ınts paid or incurred.	)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1	a Total lol	bbying expenditures to infl	uence pub	lic opinion (	grassroots lobbying)			
	<b>b</b> Total lol	bbying expenditures to infl	uence a le	gislative boo	dy (direct lobbying)			
	c Total lol	bbying expenditures (add I	ines 1a an	d 1b)				
	<b>d</b> Other e	xempt purpose expenditur	es				36,662,140.	
	e Total ex	rempt purpose expenditure	es (add line	s 1c and 1c	(k		36,662,140.	
	f Lobbyir	ng nontaxable amount. Ent	er the amo	unt from the	e following table in bot	h columns.	1,000,000.	
	If the an	nount on line 1e, column (a) (	or (b) is:	The lob	bying nontaxable am	ount is:		
		er \$500,000		20% of	the amount on line 1e.			
		500,000 but not over \$1,00		\$100,00	00 plus 15% of the exc	ess over \$500,000.		
		,000,000 but not over \$1,5			00 plus 10% of the exc			
		,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ess over \$1,500,000.		
	Over \$1	7,000,000		\$1,000,	000.			
							250 000	
	•	oots nontaxable amount (er		,			250,000.	
		et line 1g from line 1a. If zer	•				0.	
		ct line 1f from line 1c. If zero					0.	
		is an amount other than ze					Г	Yes No
	reportin	ig section 4911 tax for this	year?		eraging Period Under		L	Yes No
		(Some organizations t		a section 5		have to complete all	of the five columns b	elow.
			Lobi	ying Expe	nditures During 4-Yea	ar Averaging Period		<b>i</b>
		Calendar year al year beginning in)	(a)	2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total
2		ng nontaxable amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
	-	ng ceiling amount of line 2a, column(e))						6,000,000.
	c Total lo	bbying expenditures				25.	0.	25.
		oots nontaxable amount	25	0,000.	250,000.	250,000.	250,000.	1,000,000.
		oots ceiling amount of line 2d, column (e))						1,500,000.
	f Grassro	note lobbying expenditures					0.	

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying activity.		(a)		(	
	Yes	No	<b>.</b>	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?		-			
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A   Complete if the organization is exempt under section 501(c)(4), section	on 501(c	1(5). 0	r se	ction	
501(c)(6).		,,(0), 0			
				Yes	No
Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		[	2		
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered</li> </ul>	he prior yea	ar?	2 3 or se		ne 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section</li> </ul>	he prior yea on 501(c	ar? s)(5), o R (b) F	2 3 or se		ne 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>	he prior yea on 501(c	ar? s)(5), o R (b) F	2 3 or se Part		ne 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)</li> </ul>	he prior yea on 501(c   "No" Of	ar? e)(5), o R (b) F	2 3 or se Part		ne 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> </ul>	he prior yea on 501(c I "No" Of	ar? (5), o R (b) F	2 3 or se Part		ne 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>	he prior yea on 501(c I "No" Of	ar? c)(5), o R (b) F	2 3 or se Part		ne 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> </ul>	he prior yea on 501(c I "No" Of	ar? c)(5), o R (b) F	2 3 or se Part 1 2a 2b		ne 3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>	he prior yez on 501(c l "No" Of	ar? c)(5), o R (b) F	2 3 or se Part 1 2a 2b 2c		ne 3, is
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	he prior yea on 501(c I "No" Of cal	ar? c)(5), o R (b) F	2 3 or se Part 1 2a 2b 2c		ne 3, is
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	he prior yea on 501(c I "No" Of cal	ar?	2 3 or se Part 1 2a 2b 2c		ne 3, is

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

HEARTLAND FAMILY SERVICE

**Employer identification number** 47-0390618

Par			s or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(4) 2 51161 4411654 141165	(2) - 21120 2112 2110 2000					
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	L writing that the assets held in donor advis	sed funds					
3	are the organization's property, subject to the organization's	_						
6	Did the organization inform all grantees, donors, and donor a							
Ü	for charitable purposes and not for the benefit of the donor of							
Par								
1	Purpose(s) of conservation easements held by the organizat							
·	Preservation of land for public use (for example, recrea		f a historically important land area					
	Protection of natural habitat		f a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
	Total acreage restricted by conservation easements							
	Number of conservation easements on a certified historic str							
	Number of conservation easements included in (c) acquired							
	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re							
	year							
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement and					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that describes the					
_	organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Collections o		other Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95							
	of art, historical treasures, or other similar assets held for pul							
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 95	· · · · · · · ·						
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
2	If the organization received or held works of art, historical tre		al gain, provide					
	the following amounts required to be reported under FASB A							
	Revenue included on Form 990, Part VIII, line 1							
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022					

Par	rt III   Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or C	Other	Similar A	ssets(continued)	
3	Using the organization's acquisition, accession	on, and other records,	, check any of the	following that ma	ake sign	ificant use c	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be ma	intained as part of the	e organization's co	llection?			Yes N	lo_
Par	rt IV Escrow and Custodial Arran	gements. Complete	e if the organization	n answered "Yes	" on Fo	rm 990, Par	: IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets	not inc	cluded		
	on Form 990, Part X?						Yes X N	10
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escrow or cu	stodial account	liability?	?		No
	If "Yes," explain the arrangement in Part XIII.						X	
Par	rt V Endowment Funds. Complete if	<del>_</del>				T	11456	<u>.                                    </u>
		(a) Current year	(b) Prior year		<del></del>		ack (e) Four years bad	
1a		8,178,666.	7,281,225.	6,552,62	25.	5,684,6	44. 6,328,67	0.
b	Contributions	484.	268,445.					
С	Net investment earnings, gains, and losses	-1,319,674.	1,159,636.	846,99	97.		3303,96	4.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	50,000.	490,600.	87,00		288,2	<u> </u>	
f	Administrative expenses	34,280.	40,040.	31,39		33,4		
g	End of year balance	6,775,196.	8,178,666.	7,281,2	25.	6,552,6	25. 5,684,64	4.
2	Provide the estimated percentage of the curr	10 4754		)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment 33.8335  Term endowment 53.6911	%						
С								
0-	The percentages on lines 2a, 2b, and 2c should be a standard for the second for t	•	414 11-1	and an alternative trade are and	£			
Зa	Are there endowment funds not in the posses	ssion of the organizati	ion that are neid ai	na administered	for the		Yes N	
	organization by:						<del>-    </del>	<del>-</del>
	(i) Unrelated organizations							X X
<b>L</b>	(ii) Related organizations							<u>`</u>
							3b	—
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		ment iunas.					—
ı aı	Complete if the organization answered		Part IV line 11a S	ee Form 990 Pa	rt X line	<u>-</u> 10		
	Description of property	(a) Cost or oth	1			ımulated	(d) Book value	—
	Description of property	basis (investme	1 , ,		•	ciation	(u) book value	
12	Land	`	· ·	3,930.	GODIG	4	963,930	<u>)</u>
	Land Buildings				7.86	5,973.	10,768,071	
	Leasehold improvements			0,067.	•	$\frac{3,3,3}{0,067}$		<u>.</u>
d	Equipment					9,407.	871,977	
	Other			2,454.		9,218.	1,183,236	
	L Add lines 1a through 1e (Column (d) must ed					- , _ = • •	13,787,214	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	5 000 5 11/11		
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Char			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) INVESTMENT IN HFS COUNCIL	4 404 000		
(2) BLUFFS, LLC	1,431,922.	COST	
(3) OTHER RELATED INVESTMENTS	37,500.	COST	
(4) INVESTMENT IN NFW, LLC	5,242,172.	COST	
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	6,711,594.		
Part IX Other Assets.	0,711,3310		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
	<u>·</u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) ACCRUED PAYROLL AND EMPLO	VDD		
1/3 C3 DT	<u> </u>		160 652
(3) VACATION BENEFITS			460,652.
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		460,652.
2. Liability for uncertain tax positions. In Part XIII, provide	,		
organization's liability for uncertain tax positions under		•	·

Schedule D (Form 990) 2022

		(101111990) 2022 11111111111111111111111111111111	_		age
Pa	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С		eries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	ct line <b>2e</b> from line <b>1</b>		3	
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	
5	Total r	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	atements With Expe	enses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total e	expenses and losses per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtra	ct line <b>2e</b> from line <b>1</b>		3	
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	
5	Total	expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18	?)	5	

#### Part XIII Supplemental Information.

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

#### PART IV, LINE 2B:

THE AGENCY AND HOLY NAME HOUSING CORPORATION, ANOTHER NOT-FOR-PROFIT

ENTITY, PARTNERED TO COMPLETE A CONSTRUCTION PROJECT WHICH IS KNOWN AS THE

NORTH OMAHA INTERGENERATIONAL CAMPUS (NOIC). THE AGENCY USES THE FACILITY

TO OPERATE INTERGENERATIONAL PROGRAMS INCLUDING YOUTH COUNSELING AND

PREVENTION SERVICES ALONGSIDE SENIOR SERVICES. THE AGENCY ALSO SERVED AS

AN AGENT AND RECEIVED FUNDS FROM DONORS ON BEHALF OF THE CAMPUS AND THE

OTHER ENTITIES FOR DISBURSEMENT TO CONSTRUCTION-RELATED VENDORS. CASH

RECEIVED BY THE AGENCY THAT IS ALLOCABLE TO THE OTHER ENTITIES IS INCLUDED

IN THE STATEMENT OF FINANCIAL POSITION AS "CASH" AND THE OBLIGATION

RELATED TO THIS CASH IS INCLUDED IN "PAYABLE TO NOIC".

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

#### PART V, LINE 4:

INCOME GENERATED FROM THE RESTRICTED ENDOWMENT FUNDS IS COMMITTED TO THE

CONTINUED FUNDING OF NORMAL OPERATIONS INCURRED IN FULFILLMENT OF STATED

ORGANIZATION MISSIONS. TEMPORARILY RESTRICTED FUNDS ARE RESTRICTED FOR

FUNDING OF SPECIFIC PROGRAMS. THE BOARD DESIGNATED OR QUASI-ENDOWMENT IS

HELD FOR USE IN THE AGENCY'S SENIOR CENTER PROGRAM.

#### PART X, LINE 2:

THE AGENCY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. ACCORDINGLY, NO INCOME TAXES ARE INCLUDED IN THESE

FINANCIAL STATEMENTS.

ACCOUNTING STANDARDS REQUIRE DISCLOSURE AND RECOGNITION IN FINANCIAL
STATEMENTS OF POSITIONS TAKEN IN A TAX RETURN ABOUT THE TREATMENT OF
TRANSACTIONS AND EVENTS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED
UPON EXAMINATION BY TAX AUTHORITIES. TAX POSITIONS RELATIVE TO A
NOT-FOR-PROFIT ORGANIZATION INCLUDE ACTIVITIES THAT MAY ENDANGER ITS
EXEMPT PURPOSE AND STATUS AS AN EXEMPT ORGANIZATION. THE AGENCY BELIEVES
IT COMPLIES WITH ALL RELEVANT TAX LAWS AND REGULATIONS AND HAS NO
SIGNIFICANT UNCERTAIN TAX POSITIONS; ACCORDINGLY, NO LIABILITY FOR
UNCERTAIN TAX POSITIONS HAS BEEN RECOGNIZED IN THE FINANCIAL STATEMENTS.

#### SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

HEARTLA	ND FAMILY SERVICE				47-0390	618		
<b>Part I</b> Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a								
(i) Name and address of individual or entity (fundraiser)	I have custody I in the							
		Yes	No					
Ist all states in which the organization or licensing.	on is registered or licensed to solicit				d it is exempt from re	egistration		
		_						

232081 10-27-22

Schedule G (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
				IA GALA	_	(add col. (a) through
				BANQUET	1	col. <b>(c)</b> )
<u>o</u>			(event type)	(event type)	(total number)	551. ( <b>5</b> ))
Revenue	1	Gross receipts	204,595.	101,600.	35,780.	341,975.
	2	Less: Contributions	194,195.	93,260.	30,848.	318,303.
	3	Gross income (line 1 minus line 2)	10,400.	8,340.	4,932.	23,672.
	4	Cash prizes				
es	5	Noncash prizes			532.	532.
Direct Expenses	6	Rent/facility costs		2,550.	4,529.	7,079.
Jirect E	7	Food and beverages		3,683.		3,683.
	8	Entertainment		2,000.		2,000.
	9	Other direct expenses	19,926.	7,505.	1,022.	28,453.
	10		n 9 in column (d)			41,747.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			-18,075.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	a Dull take for the st		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				Singo, progressive singe		coi. (a) throagh coi. (c)
Re	4	Gross revenue				
	•	dross revende				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	· · -			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	•	_	year?	Yes No

232082 10-27-22 Schedule G (Form 990) 2022

Scł	nedule G (Form 990) 2022	HEARTLAND	FAMILY	SERVICE		47	-0390	618	Page 3
11	Does the organization conduct g	aming activities with no	onmembers?					Yes	No No
	Is the organization a grantor, ben								
	to administer charitable gaming?						$\square$	Yes	☐ No
13	Indicate the percentage of gamir								
	The organization's facility						13a		%
	An outside facility								%
14	Enter the name and address of the	he person who prepare	s the organiz	ation's gaming/s	pecial events b	books and records:			
	Name								
	Address								
15	a Does the organization have a cor	ntract with a third party	from whom t	the organization i	receives gamir	ng revenue?		Yes	☐ No
	o If "Yes," enter the amount of gan	ning revenue received h	ov the organi:	zation \$		and the amount			
	of gaming revenue retained by th		oy the organi						
	If "Yes," enter name and address			<del></del>					
		7 o o a party.							
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employee	Ir	ndependent cont	tractor				
17	Mandatory distributions:								
	a Is the organization required under	er state law to make cha	aritable distrib	outions from the	gaming procee	eds to			
	retain the state gaming license?							Yes	☐ No
ı	Enter the amount of distributions								
	organization's own exempt activi	ties during the tax year	· \$						
Pa	art IV Supplemental Info	rmation. Provide the	explanations	required by Parl	t I, line 2b, colu	ımns (iii) and (v); and	Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provi	de any additi	onal information.	. See instruction	ons.			

Schedule (	G (Form 990)  Supplemental Infor	HEARTLAND	FAMILY	SERVICE	47-0390618 Page 4
Part IV	Supplemental Infor	mation (continued)			

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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of	the organization <b>HEARTLAND</b>	Employer identification number $47-0390618$						
Part I	General Information on Grants a		BRVICE					<u> </u>
	es the organization maintain records	to substantiate the	e amount of the grant	s or assistance. the	e grantees' eligibilit	v for the grants or ass	sistance, and the selec	tion
	teria used to award the grants or assi							
<b>2</b> De	scribe in Part IV the organization's pro	ocedures for moni	toring the use of gran	t funds in the Unite	d States.			
Part II						anization answered "\	es" on Form 990, Part	t IV, line 21, for any
	recipient that received more than	\$5,000. Part II can	be duplicated if addi	tional space is nee	ded.		•	
1 (a)	Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>2</b> En	ter total number of section 501(c)(3) a	and government or	ganizations listed in t	he line 1 table	<u> </u>			
	ter total number of other organization							

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSPORTATION, HOUSING, FOOD AND GENERAL					
ASSISTANCE FOR COUNSELING CLIENTS	48	55,583.	0.		
HARDSHIP ASSISTANCE FOR DOUGLAS AND SARPY COUNTY					
RESIDENTS	237	329,809.	150,000.	FAIR MARKET VALUE	
CLOTHING AND FOOD GENERAL ASSISTANCE FOR CHILDREN	16	5,506.	0.		
RENT AND UTILITY ASSISTANCE FOR HOMELESS AND NEAR					
HOMELESS	2015	2,482,831.	0.		
MEDICAL, TRANSPORATION, LEGAL, HOUSING, FOOD, AND					
CLOTHING FOR VICTIMS OF DOMESTIC VIOLENCE	256	83,027.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### PART I, LINE 2:

PROGRAM STAFF DETERMINE IF APPLICANTS MEET THE ELIGIBILITY

GUIDELINES/REQUIREMENTS OF ALL SPECIFIC FUNDING SOURCES AND EACH SOURCE HAS

A PROTOCOL THAT MUST BE FOLLOWED. THE PROGRAM STAFF FILL OUT A CHECK

REQUEST TO BE PAID TO SPECIFIC VENDORS LIKE LANDLORDS, UTILITY COMPANIES,

PHARMACIES, ETC. THE PROGRAM DIRECTOR (PD) AND/OR VICE PRESIDENT (VP)

APPROVES THE CHECK REQUEST PRIOR TO IT BEING SENT TO THE HEARTLAND FAMILY

SERVICE FISCAL DEPARTMENT FOR PROCESSING. THE PD/VP CAN ALSO DESIGNATE

APPROVAL RIGHTS TO SOMEONE ELSE WITHIN THE PROGRAM WITH NOTICE TO THE

Part IV   Supplemental Information
ACCOUNTS PAYABLE (AP) DEPARTMENT. ONCE THE REQUEST IS RECEIVED BY AP IT
FOLLOWS THE "CASH DISBURSEMENT POLICY". THE CHECK IS REMITTED WITH AN
ACCOMPANYING LETTER OR INFORMATION TO ENSURE IT IS APPLIED TO THE CLIENT'S
ACCOUNT.
0.1.1.1/2

Schedule I (Form 990)

11081110 758928 1086

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

### HEARTLAND FAMILY SERVICE

 $Employer\ identification\ number\\ 47-0390618$ 

Pa	art I Questions Regarding Compensation								
			Yes	No					
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,								
	Part VII, Section A, line 1a. Complete Part III 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 indemnification and gross-up payments  Health or social club dues or initiation fees								
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)								
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?								
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's								
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to								
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	X Compensation committee X Written employment contract								
	Independent compensation consultant  X Compensation survey or study								
	X Form 990 of other organizations X Approval by the board or compensation committee								
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
_	organization or a related organization:	10		Х					
	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4a 4b		X					
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X					
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70							
	Tes to any or lines 4a o, list the persons and provide the applicable amounts for each item in a tim.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the revenues of:								
а	The organization?	5a		Х					
	Any related organization?	5b		Х					
	If "Yes" on line 5a or 5b, describe in Part III.								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the net earnings of:								
а	The organization?	6a		Х					
	Any related organization?	6b		Х					
	If "Yes" on line 6a or 6b, describe in Part III.								
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х					
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section 53.4958-6(c)?	9							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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 on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN JEANETTA	(i)	249,006.	0.	0.	17,243.	14,627.		
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY O'NEILL	(i)	155,232.	0.	0.	10,866.	8,985.		0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALFRED ONGESA	(i)	145,369.	0.	0.	1,574.	12,332.	159,275.	0.
NURSE PRACTIONER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARZIA SHIELDS	(i)	132,133.	0.	0.	9,218.	8,883.	150,234.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

HEARTLAND FAMILY SERVICE

Open to Public Inspection

Name of the organization

**Employer identification number** 47-0390618

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	c
		арріісаріє		Form 990, Part VIII, line 1g	noncasii continot	JUIOIT AI	nount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	1	202,507.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ( PROGRAM SUPPORT )	X	2	173 7/1	ESTIMATED C	יחפייי		
25 26	Other: (	Λ		1/5,/41.	EDIIMAIED C	.051		
20 27	Other ( )							
28	Other (							
<u>20</u> 29	Number of Forms 8283 received by the organiz	zation durin	I o the tax vear for c	contributions				
	for which the organization completed Form 828		•					
	· · · · · · · · · · · · · · · · · · ·			,			Yes	No
30a	During the year, did the organization receive by	v contributio	on any property rea	oorted in Part I. lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period?	?	·	·		30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard contribu	itions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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Schedule M (Form 990) 2022

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

HEARTLAND FAMILY SERVICE

Employer identification number 47-0390618

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THERAPY (LEWIS CENTRAL), CHILDREN'S CENTER, INTENSIVE PSYCH REHAB (IPR), HEARTLAND ONE OAK, PROJECT DISASTER RECOVERY, NE PSYCH SERVICES, IA PSYCH SERVICES, AND IA CCBHC. MORE INFORMATION ABOUT THESE PROGRAMS CAN BE FOUND AT HTTPS://WWW.HEARTLANDFAMILYSERVICE.ORG/COUNSELING-PREVENTION/. THERE WERE 4,162 INDIVIDUALS SERVED THROUGHOUT THESE PROGRAMS; 10,345 HOURS OF COUNSELING PROVIDED; AND 9,864 STUDENT DAYS OF INSTRUCTION FOR LICENSED SCHOOL IN 2022. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: DIVERSION. MORE INFORMATION CAN BE FOUND AT HTTPS://WWW.HEARTLANDFAMILYSERVICE.ORG/HOUSING-FINANCIAL-STABILITY/. WITHIN THESE PROGRAMS THERE WERE 15,192 DAYS OF CARE, 1,245 HOUSEHOLDS SERVED AND 1,305 PERSONS SERVED IN 2022. FORM 990, PART VI, SECTION B, LINE 11B: THE CHIEF FINANCIAL OFFICER AND CONTROLLER REVIEW THE FORM 990 DRAFT AND ADDRESS ANY QUESTIONS OR CHANGES WITH THE PREPARER. THE RETURN IS THEN PROVIDED TO THE BOARD OF DIRECTORS FOR COMMENTS. AFTER ADDRESSING ANY COMMENTS, THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

HEARTLAND FAMILY SERVICE

Employer identification number 47-0390618

NEW BOARD MEMBERS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY DURING

ORIENTATION. EXISTING BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE

CONFLICT OF INTEREST POLICY IN JANUARY OF EACH YEAR. ANNUALLY, THE FINANCE

COMMITTEE REVIEWS A STATEMENT PREPARED INTERNALLY THAT LISTS ALL FINANCIAL

ACTIVITIES RELATED TO BOARD MEMBERS INCLUDING BANKS.

FORM 990, PART VI, SECTION B, LINE 15:

EVERY TWO YEARS, HEARTLAND FAMILY SERVICE CONDUCTS A COMPREHENSIVE ANALYSIS
OF POSITIONS THAT INCLUDES DATA FROM AREA, REGIONAL, AND NATIONAL SOURCES.
THIS DATA IS THEN USED BY HUMAN RESOURCES TO SET SALARY RANGES THROUGHOUT
THE AGENCY SUBJECT TO THE APPROVAL OF THE HUMAN RESOURCES TASK FORCE OF THE
BOARD OF DIRECTORS. ALSO, ON AN ANNUAL BASIS THE BOARD OF DIRECTORS
REVIEWS AND APPROVES SALARY CHANGES FOR THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

A PRESS RELEASE IS SUBMITTED TO LOCAL PAPERS UPON THE BOARD OF DIRECTORS

ADOPTION OF THE ANNUAL AUDIT REPORT. COPIES OF THE FORM 990 AND THE ANNUAL

AUDIT ARE AVAILABLE UPON REQUEST AND ARE SUBMITTED ANNUALLY TO MULTIPLE

EXTERNAL SOURCES. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGES WERE MADE TO THE AUDIT OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.

#### **SCHEDULE R** (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Attach to Form 990.

(c)

(d)

(e)

Open to Public Inspection

(f)

OMB No. 1545-0047

Employer identification number Name of the organization 47-0390618 HEARTLAND FAMILY SERVICE

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		Direct controlling entity	
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year.  (a)	ations. Complete if the organization  (b)	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more related tax-ex	_	~\ 
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling	cont en	<b>g)</b> 512(b)(13) rolled tity?
CHARLES E. LAKIN HUMAN SERVICES CAMPUS	SUPPORT THE AGENCIES			501(c)(3))		Yes	No
	ASSOCIATED WITH CHARLES E.			509(1)(3)			
OMAHA, NE 68105	LAKIN HUMAN SERVICES	IOWA	501(C)(3)	TYPE I	NONE		Х
THE NORTH OMAHA INTERGENERATIONAL CAMPUS	COMMON AREA LAND						
INC 46-4690725, 2101 S 42ND STREET,	MANAGEMENT FOR				HEARTLAND FAMILY		
OMAHA, NE 68105	INTERGENERATIONAL HUMAN	NEBRASKA	501(C)(4)	N/A	SERVICE		Х
	-						
	1						
			1	1			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Page 2

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

	Together the control of the control												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage		
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule	partne	ownership		
		country)		sections 512-514)		400010	Yes No		K-1 (Form 1065)	Yes N	lo		
HFS COUNCIL BLUFFS, LLC -													
20-3781186, 2101 S 42ND	LOW-INCOME												
STREET, OMAHA, NE 68105	HOUSING	IA	N/A	RELATED	-10.	7,542.		X	N/A	X	.01%		
NFW, LLC - 45-3991190													
2101 S 42ND STREET													
OMAHA, NE 68105	PROGRAM HOUSING	NE	N/A	RELATED	-41.	551.		X	N/A	X	.01%		

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sect 512(b contr enti	o)(13) folled ity?
		country)						Yes	No
	1								
	]								
	]								
	1								
	1								
	1								
	1								
	1	51					-late D/F	- 000	

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or	more re	lated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						X
b	Gift, grant, or capital contribution to related organization(s)						
С	Gift, grant, or capital contribution from related organization(s)						
	d Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)						
f	Dividends from related organization(s)				1f		X
g	g Sale of assets to related organization(s)						
h	h Purchase of assets from related organization(s)						
i	i Exchange of assets with related organization(s)						X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses	sement paid by related organization(s) for expenses					X
r	Other transfer of cash or property to related organization(s)				1r		X
	S Other transfer of cash or property from related organization(s)				1s	Х	
	If the answer to any of the above is "Yes," see the instructions for information on who must com						
	(a) (b)  Name of related organization Transaction type (a-s		(c) Amount involved	(d) Method of determining amount invo	olved		
1)							
<b>O</b> )							
2)							
<b>3</b> )							
3)		+					
41							
4)		+					
5)							
<u> </u>							
6)							
	63 09-14-22 52	2		Schedule F	(Forn	n 9901	2022

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ř	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispr	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	r? ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No	) IIICOITIE	assets	Yes	No	(F01111 1065)	Yes N	10
	]	1					1				1

Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
CHARLES E. LAKIN HUMAN SERVICES CAMPUS FOUNDATION
PRIMARY ACTIVITY: SUPPORT THE AGENCIES ASSOCIATED WITH CHARLES E. LAKIN
HUMAN SERVICES CAMPUS
NAME OF RELATED ORGANIZATION:
THE NORTH OMAHA INTERGENERATIONAL CAMPUS INC.
PRIMARY ACTIVITY: COMMON AREA LAND MANAGEMENT FOR INTERGENERATIONAL HUMAN
SERVICES CAMPUS