	•	1						1		OMB No. 1545-0047	
m <b>990</b>	,				n Exempt Fro					2021	
	-				the Internal Revenue Com					Open to Public	
artment of the	e Service	•	Go to www.i	irs.gov/Form990 for i	mbers on this form as it instructions and the	e latest i	nformatio	n.		Inspection	
For the a		ar year, or tax	k year beginr	ning 7/01	, 2021, a	nd endi	ng 6/.	30	, ;	<b>20</b> 2022	
Check if ap	oplicable:	С						D Employer i	identifi	ication number	
Addres				Resource Ce	enter			45-24			
Name				Ave. #102				E Telephone			
Initial	return	Sioux Fal	LIS, SD :	5/108				605-2	271-	4813	
Final ret	turn/terminated									A Research And	
	ded return						laws to at	G Gross rece			
Applic	ation pending	F Name and add		officer:			1	a group return fo			X No
Tay aver		Same As C		A Grand an	A047(a)(1) ar	1507	If "No,"	subordinates inc attach a list. Se	e instr	ructions.	
		X 501(c)(3)	501(c) (	) < (insert no.	.) 4947(a)(1) or	527	-	r i			
Websi		X Corporation		Association Othe		ar of forma	1.1.1.1	exemption numb		gal domicile: SD	_
	organization: Summary		Trust	Association Othe		ar of forma	tion: 201		e or leg	gal domicile: 5D	
	iefly describ	e the organiza	ation's missi	on or most signific	cant activities: Empo	worin	a noon	lo offor	tod	by UTV/ATI	ng
2 Ch	neck this box	► if the	organizatior		operations or dispos					ets.	·
					I, line 1a) body (Part VI, line				3		
			-		21 (Part V, line 2a).				5		
									6		
					(C), line 12				7a		0
b Ne	et unrelated	business taxa	able income f	from Form 990-T,	Part I, line 11				7b		0.
								rior Year		Current Year	
			art VIII, line	1h)							
9 Pr			Sand MILL Lines					1		0 0 7 7	70
				2g)			2	2,352,92	2.	2,367,7	76.
10 Inv	vestment inc	come (Part VII	II, column (A	2g) ), lines 3, 4, and	7d)			2,352,92		2,367,7	76 69
10 Inv 11 Ot	vestment ind	come (Part VII (Part VIII, co	II, column (A blumn (A), lin	2g) A), lines 3, 4, and les 5, 6d, 8c, 9c, 1				2,352,92	2.	2,367,7	69
10Inv11Ot12To	vestment ind her revenue stal revenue	come (Part VII (Part VIII, co – add lines 8	II, column (A blumn (A), lin 8 through 11	2g) ), lines 3, 4, and les 5, 6d, 8c, 9c, 1 (must equal Part	7d) 10c, and 11e)	e 12)		2,352,92 7	2.	(	69
10         Inv           11         Ot           12         To           13         Gr	vestment ind ther revenue tal revenue ants and sir	come (Part VII (Part VIII, co – add lines 8 nilar amounts	II, column (A blumn (A), lin 3 through 11 5 paid (Part I)	2g) ), lines 3, 4, and les 5, 6d, 8c, 9c, (must equal Part X, column (A), line	7d) 10c, and 11e) VIII, column (A), line	e 12)		2,352,92 7	2.	(	69
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10       Inv         11       Ott         12       To         13       Gr         14       Bee         15       Sa         16a       Pro	vestment ind ther revenue ants and sir enefits paid alaries, othe ofessional fi	come (Part VII (Part VIII, co – add lines 8 nilar amounts to or for memi r compensatio undraising fee	II, column (A) blumn (A), lin 3 through 11 5 paid (Part I) bbers (Part IX 5 part IX, c	2g) A), lines 3, 4, and les 5, 6d, 8c, 9c, (must equal Part X, column (A), line c, column (A), line benefits (Part IX	7d). 10c, and 11e) VIII, column (A), line es 1-3). 44) , column (A), lines 5	e 12)	··· 2	2,352,92 7 2,353,01	2. 6. 3.	2,367,84	69 45
<ol> <li>Inv</li> <li>Ot</li> <li>Ot</li> <li>To</li> <li>Gr</li> <li></li></ol>	vestment ind ther revenue ants and sir enefits paid alaries, othe ofessional findrais	come (Part VII (Part VIII, co – add lines 8 nilar amounts to or for mem r compensatio undraising fee ng expenses	II, column (A) Jumn (A), lin 3 through 11 5 paid (Part I) bers (Part IX 5 part IX, column (Part IX, column)	2g) ), lines 3, 4, and les 5, 6d, 8c, 9c, (must equal Part X, column (A), line column (A), line benefits (Part IX olumn (A), line 11 umn (D), line 25)	7d). 10c, and 11e) VIII, column (A), line es 1-3). 44) , column (A), lines 5	e 12) 5-10)		2,352,92 7 2,353,01 332,32	2. 6. 3. 4.	2,367,84	69 45 84
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<ul> <li>10 Im</li> <li>11 Ot</li> <li>12 To</li> <li>13 Gr</li> <li>14 Be</li> <li>15 Sa</li> <li>16a Pro</li> <li>17 Ot</li> <li>18 To</li> <li>19 Re</li> <li>20 To</li> </ul>	vestment ind ther revenue ants and sir enefits paid alaries, othe ofessional fi that fundrais ther expense evenue less otal assets (1	come (Part VII (Part VIII, co – add lines 8 nilar amounts to or for memi r compensatio undraising fee ng expenses es (Part IX, co s. Add lines 1 expenses. Su Part X, line 16	II, column (A) blumn (A), lin blumn (A), lin bers (Part I) bers (Part IX, con, employee es (Part IX, col blumn (A), lir i3-17 (must e bltract line 18	2g) A), lines 3, 4, and les 5, 6d, 8c, 9c, 1 (must equal Part 1 X, column (A), line benefits (Part IX olumn (A), line 11 umn (D), line 25) hes 11a-11d, 11f-2 equal Part IX, colu 3 from line 12	7d) 10c, and 11e) VIII, column (A), line es 1-3) e 4) column (A), lines 5 le) 24e) umn (A), line 25)	e 12) 5-10)		2,352,92 7 2,353,01 332,32 1,902,49 2,234,82 118,19 ng of Current Y 763,92	2. 6. 3. 4. 8. 2. 1. (ear 5.	2,367,84 337,78 1,807,63 2,145,39 222,44	69 45 84 12 96 49
10       Inv         11       Ott         12       To         13       Gr         14       Be         15       Sa         16a       Pr         b       To         17       Ott         18       To         19       Re         20       To         21       To	vestment ind her revenue ants and sir enefits paid alaries, othe ofessional fi otal fundrais ther expense evenue less otal assets ( otal liabilities	come (Part VII (Part VIII, co – add lines 8 nilar amounts to or for memi r compensatio undraising fee ng expenses es (Part IX, co s. Add lines 1 expenses. Su Part X, line 16 6 (Part X, line	II, column (A) blumn (A), lin blumn (A), lin bers (Part IX blumn (Part IX, col column (A), lin 3-17 (must e blumn	2g) ), lines 3, 4, and les 5, 6d, 8c, 9c, (must equal Part X X, column (A), line benefits (Part IX olumn (A), line 11 umn (D), line 25 les 11a-11d, 11f-2 equal Part IX, colu 3 from line 12	7d) 10c, and 11e) VIII, column (A), line es 1-3) e 4) , column (A), lines 5 [e) ▶ 24e) umn (A), line 25)	e 12)		2,352,92 7 2,353,01 332,32 1,902,49 2,234,82 118,19 ng of Current Y 763,92	2. 6. 3. 4. 8. 2. 1. 'ear 5. 0.	2,367,84 337,78 1,807,6 2,145,39 222,44 End of Year 986,3	69 45 84 12 96 49 75 1
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Form 990 (2021) Heartland Healt		45-2431855 Page 2
	ervice Accomplishments	
	a response or note to any line in this Part III	
1 Briefly describe the organization's mi		
	ted by HIV/AIDS to become healthie	
through comprehensive m	edical care, compassionate support	and education.
	ificant program services during the year which were not lis	· · · · · · · · · · · · · · · · · · ·
Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on		
3 Did the organization cease conduction	g, or make significant changes in how it conducts, any	program services? Yes X No
If "Yes," describe these changes on Sch	nedule O.	
4 Describe the organization's program Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	service accomplishments for each of its three largest p nizations are required to report the amount of grants a n service reported.	program services, as measured by expenses. nd allocations to others, the total expenses,
4a (Code: ) (Expenses \$	2,145,396. including grants of \$	) (Revenue \$ )
Prevention		
	including grants of \$	
	South Dakota for those who do not resources for coping with HIV disea or payers.	
4c (Code:) (Expenses \$)	including grants of \$	) (Revenue \$)
	<b>__</b>	
4d Other program services (Describe on		
(Expenses \$ 4e Total program service expenses ►	including grants of \$ ) ( 2,145,396.	Revenue \$ )
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Form 990 (2021) Heartland Health Resource Center
Part IV Checklist of Required Schedules

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1.10	oneokiist of Reduited Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
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 public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
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		x
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, Part VI.	11a	х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		x
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
c	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	11 d		x
e	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		x
t	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	12 b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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 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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		x
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		x
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		x
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Form 990 (2021)	Heartland	Health	Resource	Center

Pai	t I\	Checklist of Required Schedules (continued)			
				Yes	No
	co	d the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, lumn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	an	d the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current d former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete chedule J	23		х
24 :	Dic the	d the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of e last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and</i> implete Schedule K. If 'No, 'go to line 25a	24a		х
		d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(		d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease by tax-exempt bonds?	24c		
	Die	d the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Se tra	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
1	tha Sc	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete chedule L, Part I	25b		х
26	Die for or	d the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or rmer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		х
27	en	d the organization provide a grant or other assistance to any current or former officer, director, trustee, key nployee, creator or founder, substantial contributor or employee thereof, a grant selection committee ember, or to a 35% controlled entity (including an employee thereof) or family member of any of these ersons? If 'Yes,' complete Schedule L, Part III	27		x
28	ins	as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, structions for applicable filing thresholds, conditions, and exceptions):			
4	A A	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If /es,' complete Schedule L, Part IV	28a		х
1	bΑ	family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	co	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' omplete Schedule L, Part IV.	28c		х
29	Di	d the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	CO	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ontributions? If 'Yes,' complete Schedule M	30		х
31	Di	d the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		X
32	Die So	d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete chedule N, Part II	32		Х
33	Di 30	d the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 01.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	W	as the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35	<b>a</b> Di	d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If er	'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ntity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Se	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related ganization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Ditre	d the organization conduct more than 5% of its activities through an entity that is not a related organization and that is eated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		x
38	Di	d the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? ote: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	rt \	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V			No
1	a Ei	nter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
		nter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	c Di (g	id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	1c	X	

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	990 (2021) Heartland Health Resource Center 45-243185	5	F	Page 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	E STATE	k fizi	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).		and in a	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	76		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	1000		40
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	-	
8	Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	/1		1.0000.00
	organization have excess business holdings at any time during the year?	8	YXWC	
9		1.0000		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		a comparison
t	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			-
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			2000 - 4400 7 - 45 7 - 45
a	a Gross income from members or shareholders 11a			
t	Gross income from other sources. (Do not net amounts due or paid to other sources     against amounts due or received from them.)		10 A 10 A	
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
t	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.		340 <u>5</u> .25~. 107.407.25	San
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	10.75 10.75		
ł	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			
	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
t	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	2013	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	- ISTADIO		100 - 33 PM
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	NUNIVERSI	
	If 'Yes,' complete Form 6069.	Personal a	Rock	1

Form 990 (2021)	Heartland	Health	Resource	Center
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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
 X

	tion A. Governing Body and Management			1	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1Ь	5			
	Did any officer, director, trustee, or key employee have a family relationship or a business relations					
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	e direct s	supervision	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		x
5	Did the organization become aware during the year of a significant diversion of the organization			5		X
6	Did the organization have members or stockholders?			6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?	ppoint or	e or more	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?			7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:					
	The governing body?			8a		X
b	Each committee with authority to act on behalf of the governing body?			8 b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule O</i>			9		х
Sec	tion B. Policies (This Section B requests information about policies not req	uired b	by the Internal Re	evenu	le Co	ode.
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10 a		X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			10 b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			11 a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?			12 b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this was done			12 c		
	Did the organization have a written whistleblower policy?			13		X
	Did the organization have a written document retention and destruction policy?			14		X
	Did the process for determining compensation of the following persons include a review and approv persons, comparability data, and contemporaneous substantiation of the deliberation and de	cision?				and and a second se Second second second Second second
	The organization's CEO, Executive Director, or top management official			15a	X	
t	Other officers or key employees of the organization.			15b	X	-
16 a	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar					
t	taxable entity during the year? If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate	te its		16a		X
<u> </u>	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeg	uard the	16 b		> ' 1992 (
	tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed > None					
	List the states with which a copy of this Form 990 is required to be filed <b>None</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.	e), 990, a	and 990-T (Section 5	01(c)(	3)s or	nly)
10	Own website Another's website X Upon request Oth		nin on Schedule O)	blo to		
19 20	Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's bo			ule to		
20	Amber Corey 2500 W 49th St Suite 103 Sioux Falls SD 5710					
	THESE COTCA FOR H FACH DE DATES TO DIORY LATIS DD 2110	- 00J	6/I IVIJ			

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Form 990 (2021) Heartland Health Resource Center	45-2431855	Page <b>7</b>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Independent Contractors	Highest Compensated Employee	es, and
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 Co	mpensated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar y organization's tax year.	ear ending with or within the	
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	r organizations), regardless of amount of	
• List all of the organization's current key employees if any. See the instructions for definition of '	key employee '	

ization's current key employees, if any. See the instructions for definition of 'key employee.' лgar

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

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C)	)					
(A) Name and title	<b>(B)</b> Average hours per	is	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Amber Corey	40									
Director	0	] X						88,600.	0.	0.
(2) Dawn Mohr	0									
Treasurer	0	X		Х				0.	0.	0.
(3) Sister Mary Thomas	0	]								
Vice President	0	X		Х			_	0.	0.	0.
(4) Dr. Jawad Nazir	0									
President	0			Х				0.	0.	0.
(5) Dr. Fares Masannat	0									
Secretary	0			Х				0.	0.	0.
		-								
(8)										
		1								
(10)										
(11)										
(12)					İ					
(13)									· · · · · · · · · · · · · · · · · · ·	
(14)										
BAA	I TEFA0	1 0107L	09/2	2/21	<u> </u>	1		1	<u>1</u>	Form <b>990</b> (2021)

Form	990	(2021)	Hear	tland	Health	n Reso	ource	Center

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Part VII Section A. Officers, Directors, Tr	ustees,	Key	Em	plo	oye	es, a	anc	Highest Com	pensated Emp	loyees (continued)
	(B)		(C)							
(A) Name and title	Average hours per week	box.	. unle	SS DE	direct	e than is both or/trust	tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15)										
(16)										
(17)				_						
(18)		-		-						
(19)										
(20)										
(21)					-					
(22)										
(23)		-								
(24)										
(25)										
1 b Subtotal								88,600.	0.	0.
c Total from continuation sheets to Part VII, Sect	ion A							0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							ved	88,600. more than \$100,00	0. 00 of reportable com	0. pensation
from the organization <b>b</b> 0				_			-			Yes No
3 Did the organization list any former officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ctor, trust	ee, ke ual	ey e	mpl	oyee	e, or	high	nest compensated	l employee	
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	er than \$	150,0	00?	If '	Yes,	' con	nple	te Schedule J for		4 X
<ul> <li>such individual.</li> <li>5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Ye</li> </ul>	le compe	nsatio	on fr	om	anv	unre	late	ed organization or	individual	
Section B. Independent Contractors	з, сотре		line	luic	5 10	1 540	.n p			
<ol> <li>Complete this table for your five highest competi- compensation from the organization. Report competition</li> </ol>	nsated inconsation for	lepen the c	den alen	t co dar	ntra	ctors	thang v	at received more t with or within the or	han \$100,000 of ganization's tax yea	r.
(A) Name and business add	dress							(B) Description	) of services	(C) Compensation
							_			
2 Total number of independent contractors (including	but not lim	nited to	o the	ose	liste	d abo	ve)	who received more	than	
\$100,000 of compensation from the organization	0 1									
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# Form 990 (2021) Heartland Health Resource Center Pan VIII Statement of Revenue

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<ul> <li>Federated campaig</li> <li>Membership dues</li> <li>Fundraising events.</li> <li>Related organizatio</li> <li>Government grants (control</li> </ul>		1		1	exempt function revenue	business revenue	excluded from tax under sections 512-514
Fundraising events. Related organizatio			a				
Related organizatio		1	b				
•		-					
Government grants (cont		_					
All all an analytical and			e				
All other contributions, g similar amounts not inclu			f				
Noncash contributions in	cluded in	-		5			
lines 1a-1f				1			
Total. Add lines 1a-	·11						
Tanana Darad	De la		Business Code	1 150 000	1 150 000		
			-				-
			-				
Fodoral Other			-		the second se		
	ervice rev	venue					
					BID//DD/		1
				69.			69
						_	
Royalties							
Quere mate		(i) Real	(ii) Personal				
						C	
		,	(1) 5210.				
other than inventory	7a						
	7b						
	7c						
Net gain or (loss).							
Gross income from fund	raising even	ts					
(not including \$							1
,			8a				
							4
			g events				
a Gross income from gami	ng activities	5.	0.0				
,							
			C.T.				
returns and allowances	, iess	:	10a				
Less: cost of goods	sold		10 To				
Net income or (loss	s) from sa	ales of in	ventory				
			Business Code	1			
a				1		_	
b			-				-
			A share and a share and a share and a share a shar				
							. 69
	Insurance Premi Shortfall Relie Ryan White Patient Care All other program s Total. Add lines 2a Investment income ( other similar amound Income from invest Royalties	Insurance Premium Reim         Shortfall Relief Funds         Ryan White         Federal Other         Patient Care         All other program service reimilar amounts)         Investment income (including other similar amounts)         Income from investment of the Royalties         Gross rents       6a         Less: rental expenses         Rother than inventory         Less: cost or other basis and sales expenses         Gain or (loss)         Gross income from fundraising even (not including \$         of contributions reported on line 1c)         See Part IV, line 18         Less: cost of goods sold         Net income or (loss) from gain gativities         See Part IV, line 19         Less: cost of goods sold         Net income or (loss) from gain gativities         See Part IV, line 19         Less: cost of goods sold         Net income or (loss) from gain gativities         See Part IV, line 19         Less: cost of goods sold         Net income or (loss) from gain gativities         See Scost of goods sold         Net income or (loss) from gain gativities         All other revenue         All other revenue	Insurance Premium Reimbur         Shortfall Relief Funds         Ryan White         Federal Other         Patient Care         All other program service revenue         Total. Add lines 2a-2f.         Investment income (including dividends other similar amounts).         Income from investment of tax-exem         Royalties.         a Gross rents.         a Gross rents.         b Less: rental expenses         c Rental income or (loss)         c Rental income or (loss)         c Ross amount from sales of assets other than inventory         Less: cost or other basis and sales expenses         c Gain or (loss)         c Gross income from fundraising events (not including \$         of contributions reported on line 1c).         See Part IV, line 18         c Less: direct expenses         c Net incorme or (loss) from fundraising activities.         See Part IV, line 19         c Less: cost of goods sold         c Net incorme or (loss) from gaming activities.         c Ross alse of inventory, less         c Less: cost of goods sold         c Net incorme or (loss) from gaming activities.         c Less: cost of goods sold         c Net incorme or (loss) from sales of in         c Less: cost of g	Insurance Premium Reimbur         Shortfall Relief Funds         Ryan White         Federal Other         Patient Care         All other program service revenue	Insurance Premium Reimbur       1,150,000.         Shortfall Relief Funds       347,835.         Ryan White       306,302.         Federal Other       190,000.         Patient Care       160,917.         All other program service revenue       212,722.         Total. Add lines 2a-2f.       2,367,776.         Income from investment of tax-exempt bond proceeds       69.         Income from investment of tax-exempt bond proceeds       69.         Royalties.       66.         Cost ental income or (loss).       66.         Sec ental income or (loss).       70.         Net rental income or (loss).       72.         Total. Add lines reproted on line 1c).       8a         See Part IV, line 18.       8a         Dess: cost or other basis       7b.         7c       7c         Net gain or (loss).       7a         Of contributions reported on line 1c).       8a         See Part IV, line 18.       9a         Dess: cost or diverses       9b         Cost income or (loss) from gaming activities.       9a         See Part IV, line 19.       9a         Dess: cost of goods sold.       10a         Dess: cost of goods sold.       10a <td< td=""><td>Business Code         Insurance         Premium         Reimbur           Shortfall Relief Funds         347,835.         347,835.           Skyan Mhite         306,302.         306,302.           Federal Other         190,000.         190,000.           Patient Care         160,917.         160,917.           All other program service revenue.         212,722.         212,722.           Total. Add ines 2a-2f.         2,367,776.         69.           Income from investment of tax-exempt bond proceeds         69.           Royalties.         6         6           Sters rental income or (loss)         6         6           Sters rental income or (loss).         7         7           Vest gain or (loss).         7         7           Ster other basis         7         7           A ster sequence         8         8           Less: direct expenses         7         7           Gia or (loss).         7         7         7           Vest gain or (loss).         7         7         8           Gia or (loss).         8         8         8           Less: direct expenses.         9         9         9           Less: direct expenses.</td><td>Business Code         Model in the importance of the</td></td<>	Business Code         Insurance         Premium         Reimbur           Shortfall Relief Funds         347,835.         347,835.           Skyan Mhite         306,302.         306,302.           Federal Other         190,000.         190,000.           Patient Care         160,917.         160,917.           All other program service revenue.         212,722.         212,722.           Total. Add ines 2a-2f.         2,367,776.         69.           Income from investment of tax-exempt bond proceeds         69.           Royalties.         6         6           Sters rental income or (loss)         6         6           Sters rental income or (loss).         7         7           Vest gain or (loss).         7         7           Ster other basis         7         7           A ster sequence         8         8           Less: direct expenses         7         7           Gia or (loss).         7         7         7           Vest gain or (loss).         7         7         8           Gia or (loss).         8         8         8           Less: direct expenses.         9         9         9           Less: direct expenses.	Business Code         Model in the importance of the

#### Form 990 (2021) Heartland Health Resource Center

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). Check if Schedule O contains a response or note to any line in this Part IX. (D) (A) Total expenses (B) (C) Do not include amounts reported on lines Management and Fundraising Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic 1 organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 ..... Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... 4 Compensation of current officers, directors, 5 0. 88,600 0 trustees, and key employees... 88,600 Compensation not included above to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 0\_ 0 0 149,353 149,353 Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... 81,627. 9 81,627. Payroll taxes..... 10 18,204 18,204 11 Fees for services (nonemployees): a Management..... c Accounting..... 7,838 7,838 d Lobbying. e Professional fundraising services. See Part IV, line 17. . . f Investment management fees ..... g Other. (If line 11g amount exceeds 10% of line 25, column 154. 154. (A), amount, list line 11g expenses on Schedule 0.) . . . . 12 Advertising and promotion ..... 668. 668. Office expenses..... 5,612. 5,612. 13 14 Information technology..... Royalties. 15 Occupancy..... 44,640. 44.640 16 520. Travel 520 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. Conferences, conventions, and meetings.... 19 20 Interest..... Payments to affiliates. 21 22 Depreciation, depletion, and amortization .... 23 Insurance..... 5,690 5,690 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 O.)..... 1,431,405. 1,431,405. a Insurance Paid Out b Dental 134, 386. 134, 386. c Outpatient Services 92,095. 92,095 d Emergency\_Funds\_ 62,549 62,549 e All other expenses..... 22,055. 22,055. 0. 25 Total functional expenses. Add lines 1 through 24e ... 2,145,396. 2,145,396. 0. Joint costs. Complete this line only if the organization reported in column (B) 26 joint costs from a combined educational campaign and fundraising solicitation. Check here if following

SOP 98-2 (ASC 958-720).....

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27. <b>A.</b> Etomologia	Balance Sheet Check if Schedule O contains a response or note to	anv line ir	n this Part X			F			
-		any mic n		(A) Beginning of year		(B) End of year			
1	Cash - non-interest-bearing			763,925.	1	978,673			
2	Savings and temporary cash investments	gs and temporary cash investments							
3	Pledges and grants receivable, net				3				
4	Accounts receivable, net		[		4				
5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, c contributor rsons	director, r, or 35%		5	-			
6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6				
7	Notes and loans receivable, net				7				
8	Inventories for sale or use				8				
9	Prepaid expenses and deferred charges		-		9				
-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D								
	Less: accumulated depreciation		12,766.		10c				
11	Investments – publicly traded securities				11				
12	Investments - other securities. See Part IV, line 11				12				
13	Investments - program-related. See Part IV, line 11.				13				
14	Intangible assets				14				
15	Other assets. See Part IV, line 11				15	7,702			
16	Total assets. Add lines 1 through 15 (must equal line	33)		763,925.	16	986,375			
17	Accounts payable and accrued expenses				17				
18	Grants payable				18				
19	Deferred revenue				19				
20	Tax-exempt bond liabilities				20				
21	Escrow or custodial account liability. Complete Part	V of Sched	lule D		21				
22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, direct utor, or 35%	or, trustee,		22				
22									
	Secured mortgages and notes payable to unrelated the				23 24				
24 25	Unsecured notes and loans payable to unrelated third Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				24	1			
26	Total liabilities. Add lines 17 through 25.			0.	26	1			
	Organizations that follow FASB ASC 958, check here			0.					
	and complete lines 27, 28, 32, and 33.								
27	Net assets without donor restrictions			763,925.	27	986,374			
28	Net assets with donor restrictions				28				
	Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here ►							
29	Capital stock or trust principal, or current funds				29				
30	Paid-in or capital surplus, or land, building, or equipm				30				
31	Retained earnings, endowment, accumulated income				31				
32	Total net assets or fund balances			763,925.	32	986, 374			
				763,925.	33	986, 375			

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Forn	1990 (2021) Heartland Health Resource Center	45-2431855	Page 12
	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XL		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,367,845.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,145,396.
3	Revenue less expenses. Subtract line 2 from line 1	3	222,449.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	763,925.
5	Net unrealized gains (losses) on investments	5	
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	986.374.

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.	1	. Law	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	2	a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	na		
b Were the organization's financial statements audited by an independent accountant?	2	b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	c	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3	a	x
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3	ь	
BAA TEEA0112L 09/22/21	Fo	rm <b>990</b>	(2021

	Pi	ublic Charit	y Status and P	ublic	Suppo	rt	OMB No. 1545-0047
SCHEDULE A (Form 990)		e if the organizat 4947(a)		2021			
		► Atta		Open to Public			
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	rm990 for instructions	and the	latest info	ormation.	Inspection
Name of the organization						Employer identificat	ion number
Heartland Healt				_		45-2431855	
a second s							tions.
The organization is not a						ox.)	
			nurches described in sec		b)(1)(A)(i).		
			ach Schedule E (Form				
			zation described in se				
4 A medical reserved A mame, city, and		operated in conju	Inction with a hospital	describe	d in sectio	on 170(b)(1)(A)(III). Er	ter the hospital's
5 An organizatio section 170(b)	n operated for the l (1)(A)(iv). (Comple	benefit of a colle te Part II.)	ge or university owned	or opera	ated by a g	governmental unit de	scribed in
	e, or local governm	ent or governme	ntal unit described in s	ection 1	70(b)(1)(A	)(v).	
	that normally receiv (b)(1)(A)(vi). (Comp		art of its support from a	governm	ental unit c	or from the general pub	lic described
8 A community t	rust described in se	ection 170(b)(1)(	A)(vi). (Complete Part	11.)			
			tion 170(b)(1)(A)(ix) oper (see instructions). Enter				
from activities investment inc	related to its exem	pt functions, sub business taxable	nan 33-1/3% of its supp ject to certain exception e income (less section	ons: and	(2) no mo	re than 33-1/3% of its	s support from gross
			ly to test for public saf	etv. See	section 5	09(a)(4).	
			ly for the benefit of, to				t the purposes of one
or more public lines 12a throu	ly supported organi igh 12d that descrit	izations describe bes the type of s	d in section 509(a)(1) of upporting organization	and com	n 509(a)(2 plete line	See section 509(a) s 12e, 12f, and 12g.	(3). Check the box on
complete Part	rting organization op the power to regular IV, Sections A and	ly appoint or elect	d, or controlled by its su a majority of the directo	oported o rs or trus	rganization tees of the	n(s), typically by giving supporting organizatio	n. You must
management of	oorting organization the supporting orga <b>Part IV, Sections</b>	nization vested in	ontrolled in connection the same persons that c	with its control or	supported manage th	l organization(s), by h le supported organization	naving control or on(s). <b>You</b>
organization(s)	(see instructions).	You must comp	ion operated in connection operated in connection of the sections of the sections of the section	A, D, and	dE.		
functionally int	egrated. The organ	ization generally	anization operated in co must satisfy a distribu s A and D, and Part V.	ution real	with its sup uirement a	oported organization(s) and an attentiveness	that is not requirement (see
integrated, or	Type III non-function	nally integrated	en determination from supporting organization	n.			III functionally
g Provide the follow			d organization(s)	• • • • • • • • •			
(i) Name of supported or		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)		17 df 2					
(E)		(文化論 (法)政策)					
Total							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA0401L 08/31/21

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Page 2

Part IL 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.)	

#### Section A. Public Support

000	don rai i ubile ouppoit						
Cale	ndar year (or fiscal year nning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				192		
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)						
6	Public support. Subtract line 5 from line 4	- 1					
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organizat stop here	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	• []
	tion C. Computation of Pul						
	Public support percentage for 20						%
	Public support percentage from 2						%
16a	33-1/3% support test-2021. If the and stop here. The organization	ne organization o qualifies as a pu	did not check the ablicly supported of	box on line 13, an organization	id line 14 is 33-1/.	3% or more, check	this box ►
b	33-1/3% support test-2020. If th and stop here. The organization	e organization d qualifies as a p	id not check a box ublicly supported of	k on line 13 or 16 organization	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-	and-circumstance	s test, check this	box and stop her	e. Explain in Part V	/I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	neets the facts- circumstances	and-circumstance test. The organiza	s test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part Ved organization	/I how the
18	Private foundation. If the organiz	zation did not ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	his box and see ins	tructions ►

Schedule A (Form 990) 2021

#### Heartland Health Resource Center

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.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')..... 1 5 475,385 15 475,405. Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... 1,543,526 173,409. 1,465,642. 2,352,922. 2,367,776 7,903,275. 3 Gross receipts from activities that are not an unrelated trade or business under section 513. 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... 0. The value of services or facilities furnished by a governmental unit to the organization without charge. 0. Total. Add lines 1 through 5... 173,409. 1,941,027 2,352,937 776 8,378,680. 1,543,531 2,367, 7a Amounts included on lines 1, 2, and 3 received from 0. disqualified persons ... 0 0 0 0 0 b 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 ..... 0 0. 0 0 0 0 c Add lines 7a and 7b ..... 0. 0. 0. 0. 0 0. Public support. (Subtract line 8 7c from line 6.)..... 8,378,680. Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in) ► 8,378,680. 9 Amounts from line 6..... 1,543,531. 173,409. 1, 941,027. 2,352,937. 2,367,776 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 69 318. similar sources..... 56 54 63 76 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975... 0 c Add lines 10a and 10b..... 54. 76 69 318. 56 63 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . . 0. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. Part VI.) .... 13 Total support. (Add lines 9, 1,543,587. 1,941,090. 2,353,013. 2,367,845. 10c. 11, and 12.).... 8,378,998. 173,463. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)...... 15 % 100.00 16 Public support percentage from 2020 Schedule A, Part III, line 15 ..... 16 100.00 % Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f), .... 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17..... 00 18 0.00 19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 X is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization..... b 33-1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .... 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...... BAA TEEA0403L 08/31/21 Schedule A (Form 990) 2021

#### Heartland Health Resource Center

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	2	
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes;' provide detail in <b>Part VI</b>.</i>	6		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i> .	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b	154	
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 <b>Part VI.</b>	9c		
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.	10a		
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.)	10b		Contra la

Schedule	A	(Form	990)	2021	
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#### Heartland Health Resource Center

45-2431855

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Pa	art IV	Supporting Organizations (continued)			
				Yes	No
11	1 Has t	the organization accepted a gift or contribution from any of the following persons?			
	a A per the g	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, overning body of a supported organization?	11a		
	<b>b</b> A fan	nily member of a person described on line 11a above?	11b		_
	C 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		

#### Section B. Type I Supporting Organizations

- 1 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 **Part VI** 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.
- 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.*

#### Section C. Type II Supporting Organizations

1 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).

#### Section D. All Type III Supporting Organizations

- 1 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?
- 2 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).
- 3 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 **Part VI** the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a 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.
- c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a 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.
- b 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- **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.

2a

2b

3a

Yes		
	es No	
1		1

2

3

Yes

No

Yes

No



ons. Complete inte 3 below.
<b>rt VI</b> how you supported a governm

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Schedule A (Form 990) 2021 Heartland Health Resource Center
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Page 6

				(B) Current Year
Sec	tion A – Adjusted Net Income		(A) Prior 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		1
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		
Sec	tion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	I Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		1
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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		3		
4		4		
5		5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		-
_	Check here if the current upper is the exception in first as a pap functionally inte			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

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Schedule A (Form 990) 2021

Schedule A	orm 990	2021
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3 Excess distributions carryover, if any to 2021

g Applied to underdistributions of prior years h Applied to 2021 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

zero, explain in Part VI. See instructions.

c Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2021, if any.

Subtract lines 3g and 4a from line 2. For result greater than

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See

7 Excess distributions carryover to 2022. Add lines 3 and 4c.

4 Distributions for 2021 from Section D,

line 7:

instructions.

 8
 Breakdown of line 7:

 a
 Excess from 2017.....

 b
 Excess from 2018......

 c
 Excess from 2019......

 d
 Excess from 2020......

 e
 Excess from 2021......

5

BAA

i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 30, 3h, and 3i from line 3f.

a From 2016..... b From 2017.... c From 2018..... d From 2019.... e From 2020..... f Total of lines 3a through 3e Heartland Health Resource Center

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Page 7

Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		11	
2	Amounts paid to perform activity that directly furthers exempt purposes o in excess of income from activity	f supported organizatior	IS,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported 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	
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ions	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.	1			

Schedule A (Form 990) 2021

Schedule A (For	m 990) 2021	Heartland	Health	Resource	Center	45-2431855	Page 8
Part VI	B, line 12; Part IV, B, lines 1 and 2; Pa	Section A, lines 1, 2 rt IV, Section C, line line 1; Part V, Sectio	, 3b, 3c, 4b, 1; Part IV, S n B, line 1e;	4c, 5a, 6, 9a, 9 Section D, lines Part V, Section	b, 9c, 11a, 111 2 and 3; Part D, lines 5, 6,	line 10; Part II, line 17a or 17b; Part o, and 11c; Part IV, Section IV, Section E, lines 1c, 2a, 2b, and 8; and Part V, Section E, tructions.)	

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CHEDULE D	Supr	plemental Financial St	atements			OMB No.	1545-0047
Form 990)	► Complet	e if the organization answered 'Y , 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11	es' on Form 990	, 2b.		20	
epartment of the Treasury iternal Revenue Service ame of the organization	► Go to www.irs.	Attach to Form 990. gov/Form990 for instructions and	d the latest infor	mation.	Employer in	Open to Inspect	
Heartland Heal	th Resource Center						
					45-243	1855	
Part I Organizat Complete	tions Maintaining Dono	r Advised Funds or Other wered 'Yes' on Form 990, P	Similar Fund art IV, line 6.	s or Acc	ounts.		
		(a) Donor advised fund	ls	<b>(b)</b> F	unds and o	other accou	unts
	end of year						
	ntributions to (during year)						
	ants from (during year)						
	at end of year						
are the organizat	ion's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	trol?			Yes	No
6 Did the organizat for charitable pur impermissible pri	ion inform all grantees, dono poses and not for the benefit vate benefit?	rs, and donor advisors in writing t of the donor or donor advisor, or	hat grant funds for any other pu	can be use urpose cor	ed only iferring	Yes	No
	ition Easements.	wered 'Yes' on Form 990, F	art IV, line 7		<u> </u>		
		the organization (check all that a					
Preservation of	of land for public use (for examp	ble, recreation or education)	Preservation	of a histo	rically imp	ortant land	area
Protection of	natural habitat		Preservation	of a certif	ied histori	c structure	
Preservation	of open space						
2 Complete lines 2a last day of the ta	through 2d if the organization h x year.	neld a qualified conservation contribu	ition in the form o				
- Total sumbar of					leld at the	End of the	Tax Year
a lotal number of (							
<b>b</b> Total acreage res	stricted by conservation easer	nents fied historic structure included in (		2 b			_
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conse</li> </ul>	stricted by conservation easer rvation easements on a certii rvation easements included ii	ments	a)	2 b			
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conse structure listed in</li> </ul>	stricted by conservation easer rvation easements on a certit rvation easements included in the National Register	nents fied historic structure included in ( n (c) acquired after 7/25/06, and r	a) not on a historic	2 b 2 c 2 d	n during th	e	
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conse</li> <li>structure listed in</li> <li>3 Number of conservation</li> <li>tax year ►</li> </ul>	stricted by conservation easer rvation easements on a certit rvation easements included in the National Register	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to	a) not on a historic	2 b 2 c 2 d	n during th	e	
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of conservative verse</li> <li>4 Number of states verse</li> <li>5 Does the organizand enforcement</li> </ul>	stricted by conservation easer rvation easements on a certi- rvation easements included in the National Register vation easements modified, tran- where property subject to conse- ation have a written policy re of the conservation easemer	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in ths it holds?	a) not on a historic erminated by the nspection, handl	2 b 2 c 2 d organizatio	ations,	Yes	No
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of consense</li> <li>structure listed in</li> <li>3 Number of consense</li> <li>tax year </li> <li>4 Number of states with the organizant of enforcement</li> <li>6 Staff and voluntee</li> </ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, in	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in its it holds?	a) not on a historic erminated by the nspection, handl d enforcing conse	2 b 2 c 2 d organizatio	ations, 	<b>Yes</b> Iring the yea	
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of consense</li> <li>structure listed in</li> <li>3 Number of consense</li> <li>tax year </li> <li>4 Number of states with the organizant of enforcement</li> <li>6 Staff and voluntee</li> </ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, in	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in ths it holds?	a) not on a historic erminated by the nspection, handl d enforcing conse	2 b 2 c 2 d organizatio	ations, 	<b>Yes</b> Iring the yea	
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of states with the servative listed in</li> <li>4 Number of states with the servative listed in</li> <li>5 Does the organizative and enforcement</li> <li>6 Staff and voluntee</li> <li>7 Amount of expensive signal section 170(frequencies)</li> </ul>	stricted by conservation easer rvation easements on a certii rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, in es incurred in monitoring, inspe motion easement reported or h)(4)(B)(ii)?	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in its it holds? nspecting, handling of violations, and en cting, handling of violations, and en n line 2(d) above satisfy the require	a) not on a historic erminated by the nspection, handl d enforcing conse forcing conservation rements of section	2 b 2 c 2 d organizatio ervation ease on easeme	ations, 	] <b>Yes</b> iring the yea the year ] <b>Yes</b>	ar
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<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of states with the organization of states with the organization of states with the organization of expension of expension of expension of the organization of expension of the organization of the organization of expension of the organization of the organiz</li></ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, inspe es incurred in monitoring, inspe rvation easement reported or h)(4)(B)(ii)? ribe how the organization rep able, the text of the footnote to ements.	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located > garding the periodic monitoring, in its it holds? nspecting, handling of violations, and en cting, handling of violations, and en n line 2(d) above satisfy the require orts conservation easements in it	a) not on a historic erminated by the hspection, handl d enforcing conservati forcing conservati rements of sections s revenue and e ements that des	2 b 2 c 2 d organizatio ing of viol ervation ease on easeme on 170(h)( xpense st cribes the ther Sin	ations, sements during (4)(B)(i) atement an organizati	] <b>Yes</b> iring the year the year ] <b>Yes</b> nd balance on's accou	nr
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of conservation and enforcement</li> <li>6 Staff and voluntee</li> <li>7 Amount of expenser</li> <li>\$</li> <li>8 Does each conservation eas</li> <li>*\$</li> <li>8 Does each conservation eas</li> <li>*art III Organization historical treasure</li> </ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, in es incurred in monitoring, inspe rvation easement reported or h)(4)(B)(ii)? ribe how the organization rep able, the text of the footnote to ements. tions Maintaining Colle if the organization answ n elected, as permitted under es, or other similar assets he	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r usferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in the it holds? nspecting, handling of violations, and en- the line 2(d) above satisfy the require orts conservation easements in it to the organization's financial state ctions of Art, Historical Tre	a) not on a historic erminated by the hspection, handl d enforcing conservation forcing conservation forcing conservation forcing conservation rements of section s revenue and e ements that des casures, or O cart IV, line 8 its revenue state or research in f	2 b 2 c 2 d organizatio ing of viol ervation ease on easeme on 170(h)( xpense st cribes the ther Sin	ations, sements du ents during 4)(B)(i) atement an organizati hilar Ass balance s	Yes the year Yes nd balance on's accou	No sheet, ar nting for
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of states with the state of the s</li></ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, in es incurred in monitoring, inspe rvation easement reported or h)(4)(B)(ii)? tions Maintaining Colle if the organization answ n elected, as permitted under es, or other similar assets he of the footnote to its financia n elected, as permitted under	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in its it holds? nspecting, handling of violations, and en the line 2(d) above satisfy the required to the organization's financial state ctions of Art, Historical Tree wered 'Yes' on Form 990, F r FASB ASC 958, not to report in Id for public exhibition, education,	a) not on a historic erminated by the hspection, handl d enforcing conservation forcing conservation for c	2 b 2 c 2 d organizatio ing of viol ervation ease on easeme on 170(h)( xpense st cribes the ther Sin ement and urtherance	ations, sements du ents during 4)(B)(i) atement an organizati <b>hilar Ass</b> balance s e of public ance shee	Yes ring the year the year Yes nd balance on's accou <b>rets.</b> heet works service, pl t works of	No sheet, ar nting for
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of states with the state of the state of the state of the organization of the state of the state of the organization of the state of the organization of the org</li></ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, in es incurred in monitoring, inspe rvation easement reported or h)(4)(B)(ii)? tions Maintaining Colle if the organization answ n elected, as permitted under es, or other similar assets he of the footnote to its financia n elected, as permitted under s, or other similar assets held for s relating to these items:	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in the holds? nspecting, handling of violations, and en the line 2(d) above satisfy the required to the organization's financial state ctions of Art, Historical Tree wered 'Yes' on Form 990, F r FASB ASC 958, not to report in Id for public exhibition, education, I statements that describes these r FASB ASC 958, to report in its r	a) not on a historic erminated by the hspection, handl d enforcing conservation forcing conservation for forcing cons	2 b 2 c 2 d organizatio ing of viol ervation ease on easeme on 170(h)( xpense st cribes the ther Sin ement and urtherance nt and ball	ations, sements during 4)(B)(i) atement au organizati <b>hilar Ass</b> balance s e of public ance shee ic service, j	Yes ring the year the year Yes nd balance on's accou <b>rets.</b> heet works service, pl t works of	<b>No</b> sheet, an nting for
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of conservative listed in</li> <li>3 Number of states with the organization of the o</li></ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, i es incurred in monitoring, inspe rvation easement reported or h)(4)(B)(ii)? ribe how the organization rep able, the text of the footnote for ements. tions Maintaining Colle if the organization answ n elected, as permitted under es, or other similar assets he of the footnote to its financia n elected, as permitted under s, or other similar assets held for s relating to these items: uded on Form 990, Part VIII, led in Form 990, Part X	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in the holds?	a) not on a historic erminated by the hspection, handl d enforcing conservation forcing conservation for forcing conservation for for forcing conservation for forcing	2 b 2 c 2 d organizatio ing of viol ervation ease on easeme on 170(h)( xpense st cribes the ther Sin ement and urtherance nt and bal	ations, sements du ents during 4)(B)(i) atement an organizati <b>hilar Ass</b> balance s e of public ance shee ic service, [	Yes ring the year the year Yes nd balance on's accou yets. heet works service, pl t works of provide the	<b>No</b> sheet, an nting for
<ul> <li>b Total acreage res</li> <li>c Number of conse</li> <li>d Number of conservative listed in</li> <li>3 Number of states with the system in the</li></ul>	stricted by conservation easer rvation easements on a certif rvation easements included in the National Register vation easements modified, tran where property subject to conse ation have a written policy re of the conservation easemer r hours devoted to monitoring, i es incurred in monitoring, inspe rvation easement reported or n)(4)(B)(ii)? tions Maintaining Colle if the organization answ n elected, as permitted under es, or other similar assets he of the footnote to its financia n elected, as permitted under s, or other similar assets held for s relating to these items: uded on Form 990, Part VIII, led in Form 990, Part X received or held works of art, h to be reported under FASB	ments fied historic structure included in ( n (c) acquired after 7/25/06, and r isferred, released, extinguished, or to rvation easement is located ► garding the periodic monitoring, in its it holds? nspecting, handling of violations, and en in line 2(d) above satisfy the require orts conservation easements in it to the organization's financial stat <b>ctions of Art, Historical Tre</b> wered 'Yes' on Form 990, F r FASB ASC 958, not to report in Id for public exhibition, education, I statements that describes these r FASB ASC 958, to report in its r or public exhibition, education, or res line 1	a) not on a historic erminated by the hspection, handl d enforcing conservation forcing conservation for forcing cons	2 b         2 c         2 d         organization         ing of violation         ervation ease         ion easemed         ion 170(h)(         xpense st         cribes the         ther Sin         ement and         ince of publ         ing gain, provide	ations, sements du ents during 4)(B)(i) atement ar organizati <b>hilar Ass</b> balance s e of public ance shee ic service, j ►\$ vide the foll	Yes ring the year the year Yes nd balance on's accou yets. heet works service, pl t works of provide the	<b>No</b> sheet, an nting for

Schedule D (Form 990) 2021 Heart Part III Organizations Mainta					or Other Si	45-243		ntinu	Page 2
too									<u></u>
<ul> <li>Using the organization's acquisition items (check all that apply):</li> <li>a Public exhibition</li> </ul>	i, accession, a	ind other i		or exchange program	•	nt use of its (	collection	1	
b Scholarly research			e Other	s exchange program					
c Preservation for future gener	rations								
<ul> <li>Provide a description of the organiz Part XIII.</li> </ul>		tions and	explain how they	further the organizatio	n's exempt pur	pose in			
<ul> <li>During the year, did the organiza to be sold to raise funds rather the</li> </ul>	ition solicit or han to be ma	receive	donations of art as part of the o	, historical treasures, rganization's collectio	, or other simi	lar assets	Yes	Г	No
Part N Escrow and Custodia line 9, or reported an	<b>Arrangen</b>	nents.	Complete if t	he organization a			rm 990	), Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	an or othe	er intermediary	for contributions or of	ther assets no	t included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement								L	
							Amount		
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance									-
2 a Did the organization include an a						L .		L	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check he	ere if the explar	ation has been provid	ded on Part X	III		· · · · L	
Part V Endowment Funds. C	amanlata if	the eve		owered Weel on I		Dank IV / En	- 10		
Part V Endowment Funds. C					1		T		haali
1 - Reginning of year balance	(a) Curren	t year	(b) Prior year	(c) Two years ba		ee years back	(e) F	our years	S DACK
1 a Beginning of year balance									_
<b>b</b> Contributions									
<b>c</b> Net investment earnings, gains, and losses								_	
d Grants or scholarships									
e Other expenditures for facilities									
and programs									
f Administrative expenses							-		
g End of year balance									
2 Provide the estimated percentag		ent year e		e Ig, column (a)) hei	d as:				
a Board designated or quasi-endowm			00						
b Permanent endowment	. <u> </u>	5							
c Term endowment	8								
The percentages on lines 2a, 2b, a	nd 2c should e	equal 100	%.						
3 a Are there endowment funds not in t	he possessior	of the or	ganization that a	re held and administer	ed for the		F		
organization by:								Yes	No
(i) Unrelated organizations							3a(i)		
(ii) Related organizations									
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-				• • • • • • • • • • • • • • • •		3b		
4 Describe in Part XIII the intended			tion's endowme	ent funds.					
Part Land, Buildings, and								÷	
Complete if the organ	ization ans	swered	'Yes' on Forr	n 990, Part IV, Iir	ne 11a. See	e Form 99	0, Parl	X, lir	ne 10.
Description of property		(a) Cost (inv	or other basis vestment)	(b) Cost or other basis (other)	(c) Accur deprec	mulated iation	<b>(d)</b> E	look va	lue
1 a Land									
<b>b</b> Buildings.									
c Leasehold improvements									
d Equipment				7,928		7,928.			0.
e Other				4,838		4,838.			0.
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Forr	n 990, Part X, c	column (B), line 10c.).					0.
BAA						Schedu	le D (Fo	rm 990	) 2021

a

s,

Complete if the organization answered	d 'Vas' on Form 99	N/A 0 Port IV line 11b See Form	990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	
1) Financial derivatives.			
2) Closely held equity interests			
3) Other			
A)			ander
≟= 3)			
C)			
D)			
E)			
F)			
G)			
H)			
(1)	-		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.) Part VIII Investments – Program Related.		N/A	
Complete if the organization answered	d 'Yes' on Form 99	0. Part IV. line 11c. See Form	990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets.	N/2	Δ	
Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11d. See Forn	n 990, Part X, line 15.
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		·	
(10)	(D) // 15 )		•
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		
Part X Other Liabilities. Complete if the organization answered 'Yes' on	Form 000 Part IV line	110 or 11f Soo Form 990 Part X line	25
	cription of liability	The of Th. See Form 550, Fart A, me	(b) Book value
(1) Federal income taxes	inplicit of hubinly		
(2) Rounding		······································	1.
(3)			
(4) (5)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			 ▶ 1.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2021 Heartland Health Resource Center	45-2431855 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements.	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments 2a	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2a	
b Prior year adjustments 2b	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
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.

#### SCHEDULE O (Form 990)

### 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.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Heartland Health Resource Center

Employer identification number 45-2431855

#### Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Contrastice of the Teamson of Listed Property - Attach by our tax return.       20221         Particle Vision Contrastice on tax return.       Contrastice on tax return.       20221         Mathematical team of the form matter on tax return.       Contrastice on tax return.       20221         Mathematical team of the form matter on tax return.       Mathematical team of the form matter on tax return.       Mathematical team of the form matter on tax return.       Mathematical team of the form matter on tax return.       10         Mathematical team of the form matter on tax return.       1       2       2         Mathematical team of the form matter on tax return.       1       2       2       2         Mathematical cols of section 179 property before detail to in find tool (see instructions).       2       3         Mathematical colspan="2">1       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2	Depreciation and Amortization						OMB No. 1545-0172			
Additional and the latest information.     Additional andia and the latest informating the latest informat	Form <b>4562</b>	(Inc	(Including Information on Listed Property)					2021		
	Department of the Treasury Internal Revenue Service (99)	► Go to www.ir.			e latest info	ormation.				
							Iden			
Form 990/990-PF         Election To Expense Certain Property Under Section 179         Maximum amount (see instructions)       1         1       Maximum amount (see instructions)       2         3       Threshold cost of section 179 property before reduction in limitation (see instructions)       3         4       Action 100 section 179 property before reduction in limitation (see instructions)       4         5       Delar limitation. Subtract line 3 from line 2.1 frezor or less, enter -0       4         6       (a)Decempting and any section 179 property before reduction in limitation (see instructions)       5         6       (a)Decempting and any section 179 property before reduction in limitation. Subtract line 3 from line 3.1 frezor or lines 6 and 7			r				45	-2431855		
Part II         Election To Expense Certain Property Under Section 179           Note: If you have any listed property, complete Part V before you complete Part I.         1           1         Maximum amount (see instructions)										
1       Maximum amount (see instructions)	Part Election To	Expense Certain F	Property Under Sec	ction 179						
2       Total cost of section 179 property placed in service (see instructions).       2         3       3         4       Feduction in limitation. Statust line 3 from line 1. If zero roless, enter -0 If married filing separately, see instructions).       3         5       0 blar limitation. Statust line 3 from line 1. If zero roless, enter -0 If married filing separately, seinstructions.       5         6       (a) Description of property. Molecular time 4 from line 1. If zero or less, enter -0 If married filing separately, seinstructions.       7         7       Listed property. Enter the amount from line 23			and the second se		10-12-2					
3       Threshold cost of saction 179 property before reduction in limitation (see instructions).       3         4       Reduction in limitation. Subtract line 3 from line 1. If zero or less, enter -0. If married filing separately, see instructions.       4         5       Otal initiation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions.       5         6       (a) Description of moreity       (b) Cost (business use only)       (c) Elected ost of section 179 property, Add amounts in column (c), lines 6 and 7.       8         7       Listed property. Enter the amount from line 29.       7       7       10         10       Carroyeer of disallowed deduction. Add lines 9 and 10, but oth enter more than line 11.       11       12         12       Section 179 part III below for listed property. Instead, use Part V.       13       14         13       carroyeer of disallowed deduction to so tisted property. Instead, use Part V.       14       15         13       carroyeer of disallowed deduction Ald lines 9 and 10, less line 12.       13       14         14       below deduction for listed property. Instead, use Part V.       14       15         14       begin addition down and the part II below for listed property. See instructions.       14       15         15       other depreciation (including ACRS)       16       14										
4       Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. If married filing separately, see instructions       4         5       Dolar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions       5         6       (a) Description of monenty       (b) Oct (business use only)       (c) Elected cot         7       Isted property. Enter the amount from line 23       7         8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Tentative deduction. Enter the smaller of thes 5 or line 8.       9         10       carryover of disallowed deduction. Total from line 5 or line 8.       11         2       Section 179 property. Add amounts in column (c), lines 6 and 7.       8         11       Business income limitation. Total files 9 and 10, but don't enter more than line 1       11         2       Section 179 property. Add amounts (a) enter more than line 1       12         12       Section 179 property add total property. Inter the smaller of property intervice during the fax year.       11         2       Section 179 property add total property. Sec instructions.)       12         13       Carryover of disallowed deduction to 2022. Add lines 9 and 10, but don't enter more than line 1       14         14       Special depreciation (notaling ACPS							_			
5       Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions.       5         6       (a) Description of property.       (b) Cold (biseness une only)       (c) Elected cont         7       Listed property. Enter the amount from line 29										
separately, see instructions.       5         6       (a) Description of property.       (b) Cost (business use only.       (c) Elected cost         7       Listed property. Enter the amount from line 29       7         8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         10       Carroycer of disallowed deduction from line 5 or line 8.       9         11       Esction 79 expense deduction 100 to										
7       Listed property. Enter the amount from line 29       7         8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         10       Carpover of disallowed deduction. Form the smaller of business income (not less than zero) or line 5. See instructions.       11         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.       12         12       Section 179 experise deduction. Add lines 9 and 10, less line 12       13       14         12       Section 179 experise deduction.       13       14         14       Part II       Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.       15         15       Other depreciation (nectuding ACRS)       16       17         18       MACRS deductions for assets placed in service during the tax year using the General Depreciation System       17         19       Ayear property.       16       17       18       18							5			
8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       10         11       Decaryover of disallowed deduction. Tom line 13 of your 2020 Form 4562.       10         12       Section 179 expense deduction. Add lines 9 and 10, less line 12.       11         13       Carryover of disallowed deduction. Add lines 9 and 10, less line 12.       13         14       Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)         14       Special depreciation allowance for qualified property (other than listed property) placed in service during the lax year. See instructions.)         15       Property subject to section 168(0(1) election.       16         16       Other depreciation (including ACRS).       16         7       MACRS deductions for assets placed in service during the tax year into one or more general counts, check there.       17         8       (D) assets placed in service During 2021 Tax Year Using the General Depreciation general counts, check there.       17         9       (D) down are placed in Service During 2021 Tax Year Using the General Depreciation deduction denge electing to group any assets placed in Service During 2021 Tax Year Using the General Depreciation deduction denge election denge election for service During 2021 Tax Year Using the Alternative Depreciation deduction dengeduction denge election for property.	6	(a) Description of property		(b) Cost (business	use only)	(c) Elected cost				
8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction. Tom line 13 of your 2020 Form 4562.       10         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.       11         12       Section 179 expense deduction. Add lines 9 and 10, less line 12.       13         13       Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12.       13         14       Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)         14       Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.)         15       Property subject to section 168(P(1)) election.       14         15       16       15         16       Other depreciation (netuding ACRS).       17         17       If you are electing to group any assets placed in service during the tax year into one or more general end asset accounds, check there.       17         18       Hyou are electing to group any assets placed in service during the tax year long on or more general end end eduction       10         19a 3-year property.       10       10       10     <										
8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction. Tom line 13 of your 2020 Form 4562.       10         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.       11         12       Section 179 expense deduction. Add lines 9 and 10, less line 12.       13       13         13       Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12.       13       14         14       Special depreciation allowance for qualified property (lother than listed property) placed in service during the lax year. See instructions.)       14       15         15       Property subject to section 168(f)(1) election.       16       16         16       Other depreciation (include listed property. See instructions.)       17       17         18       Hy our ae electing to group any assets placed in service during the tax year into one or more general election deduction of measets placed in service during the tax year long on one general perceitation deduction device and year placed in service during 2021 Tax Year Using the GeneralDepreciation (Method Method Me										
9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562. 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, bus line 12							0			
10       Carryover of disallowed deduction from line 13 of your 2020 Form 4562										
11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs										
12       Section 179 expense deduction. Add lines 9 and 10, less line 12▶ 13       12         13       Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12▶ 13       13         10E: Dort use Part II or Part III below for listed property. Instead, use Part V.       13       14         Part II       Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)       14         14       Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.)       14         15       Property subject to section 168(f)(1) election										
Note: Don't use Part II or Part III below for listed property. Instead, use Part V.         Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)         14       Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.)       14         15       Property subject to section 68(0(1) election       15         16       Other depreciation (Including ACRS).       16         Part III MACRS Depreciation (Don't include listed property. See instructions.)         Section A         17         MACRS deductions for assets placed in service during the tax year into one or more general sest accounts, check here.         17         Section B – Assets Placed in service During 2021 Tax Year Using the General Depreciation System         Classification of property         0       Objection and give asso for depreciation (Date instation of property	12 Section 179 expense	e deduction. Add lines 9	and 10, but don't enter	more than line	11		12			
Part II       Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)         14       Special depreciation allowance for qualified property (other than listed property) placed in service during the lax year. See instructions.)       14         15       Property subject to section 168(0(1) election.       15         16       Other depreciation (including ACRS).       16         Part III       MACRS Depreciation (Don't include listed property. See instructions.)         Section A         17         NACRS deductions for assets placed in service ouring the tax year into one or more general asset accounts, check here.         Other depreciation (property with the depreciation of property with the depreciation of property with the depreciation of property with the depreciation of the depreciation of property with the depreciation of the depreciation of property.         19 a 3-year property.         C 7-year property.         C 7- year property. <td col<="" td=""><td></td><td></td><td></td><td></td><td>▶ 13</td><td></td><td></td><td>Harris Artes</td></td>	<td></td> <td></td> <td></td> <td></td> <td>▶ 13</td> <td></td> <td></td> <td>Harris Artes</td>					▶ 13			Harris Artes	
14       Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.       14         15       Property subject to section 168(f)(1) election.       15         16       Other depreciation (including ACRS).       16         Part III MACRS Depreciation (Don't include listed property. See instructions.)         Section A         17       MACRS deductions for assets placed in service in tax years beginning before 2021.       17         18       If you are electing to group any assets placed in service During 2021 Tax Year Using the General Depreciation System       (9)         Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation of generation of property.         (9)       (9) Month and (9) Month an							_			
tax year. See instructions.       14         15       Property subject to section 168(f)(1) election.       15         16       Other depreciation (including ACRS).       16         Part III MACRS Depreciation (bort' include listed property. See instructions.)         Section A         17       MACRS deductions for assets placed in service in tax years beginning before 2021       17         18       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.       10         Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation (townees/investment use only — see instructions)         General Dimension of property         (a)       (basits for depreciation (townees/investment use only — see instructions)         5-year property.       2       6         10-year property.       2       5         11       27.5 yrs       MM         12       School A       33 yrs         13       9 yrs       MM         14       10       12         13       33 yrs       MM         14       12       12         14       12       yrs         14       12       12         14	Part II Special De	preciation Allowand	ce and Other Depr	eciation (Don't	include list	ted property. Se	ee ins	tructions.)		
15       Property subject to section 168(f)(1) election       15         16       Other depreciation (including ACRS).       16         Section A         17         18         MACRS Depreciation (con*t include listed property. See instructions.)         Section A         17         18         Section B – Assets Placed in service during the tax year into one or more general asset accounts, check here.         Colspan="2">Colspan="2">17         Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation System         (a)         (b) Month and year placed in service during the tax year into one or more general asset accounts, check here.         (a)         (b) Month and year placed in service During 2021 Tax Year Using the General Depreciation System         (a)         (b) Month and year placed in service         year property.         b							14			
16       Other depreciation (including ACRS)       16         Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A         17         MACRS deductions for assets placed in service in tax years beginning before 2021       17         18         If you are electing to group any assets placed in service during the tax year into one or more general sest accounts, check here.       17         Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System         Cassification of property       (b) Month and year placed in service instructions.)         (a) (b) Month and year placed in service During 2021 Tax Year Using the General Depreciation System         (a) (b) Month and year placed in service During 2021 Tax Year Using the General Depreciation deduction         (a) (b) Month and year placed in service During 2021 Tax Year Using the General Depreciation System         (a) (b) Month and year placed in service During 2021 Tax Year Using the Alternative Depreciation (deduction deduction         (a) (b) Month and year placed in service During 2021 Tax Year Using the Alternative Depreciation (deduction deduction         (a) (b) Month and year placed in Service During 2021 Tax Year Using the Alternative Depreciation (deduction deduction         (a) (b) Month and year placed in Service During 2021 Tax Year Using the Alternative Depreciation (deduction ded										
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17       MACRS deductions for assets placed in service in tax years beginning before 2021       17         18       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.       17         Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation System         (a)       (b) Month and year placed in service in tax years for depreciation (business/investment use only — see instructions)       (c)	Part III MACKS D	epreciation (pontind								
18       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.       Image: Construction of property         Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation System         (a)       (b) Month and year placed in Service During 2021 Tax Year Using the General Depreciation System         (a)       (b) Month and year placed in Service During 2021 Tax Year Using the General Depreciation System         19a 3-year property       (c) Basis for depreciation (Dusines/Investment use only see instructions)       Recovery period       (c) Convention       (g) Depreciation (deduction         19a 3-year property       (c)       Basis for depreciation (Dusines/Investment use only see instructions)       Recovery period       (c) Convention       (g) Depreciation (deduction         19a 3-year property       (c)       (c)       (c)       (c)       (c)       (c)       (c)         19a 3-year property       (c)	17 MACRS deductions	for assets placed in serv					17			
Section B – Assets Placed in Service During 2021 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in service       (c) Basis for depreciation (business/investment use only – see instructions)       (c) Convention       (f) Method       (g) Depreciation deduction         19a 3-year property.       b 5-year property.       b 5       c <t< td=""><td>18 If you are electing to</td><td>group any assets place</td><td>ed in service during the</td><td>tax year into one</td><td>e or more g</td><td>eneral _</td><td></td><td></td></t<>	18 If you are electing to	group any assets place	ed in service during the	tax year into one	e or more g	eneral _				
(a) Classification of property       (b) Month and year placed in service       (c) Basis for depreciation (business/investment use only - see instructions)       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19a 3-year property	1					tond .	Syste	m		
Classification of property       year placed in service       (business/investment use only - see instructions)       Recovery period       Convention       Method       deduction         19a 3-year property.       b 5-year property.       -	(a)	(b) Month and	(C) Basis for depreciation	(d)			-			
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g 25-year property       25 yrs       S/L         h Residential rental       27.5 yrs       MM       S/L         property       27.5 yrs       MM       S/L         i Nonresidential real       39 yrs       MM       S/L         property       39 yrs       MM       S/L         section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System         20a Class life.       S/L         b 12-year.       12 yrs       S/L         c 30-year.       30 yrs       MM         d 40-year.       40 yrs       MM         21       Listed property. Enter amount from line 28.       21         22       Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on       21		and the second s								
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Section C – Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System         20 a Class life       S/L         b 12-year       12 yrs         c 30-year       30 yrs         d 40-year       40 yrs         Part IV       Summary (See instructions.)         21       Listed property. Enter amount from line 28.         22       Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on				YIS						
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21       Listed property. Enter amount from line 28.       21         22       Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on       21	Part IV Summary	(See instructions.)								
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on       22         122							21			
the appropriate lines of your return. Partnerships and S corporations — see instructions	22 Total. Add amounts from	n line 12, lines 14 through 17,	lines 19 and 20 in column (g)	, and line 21. Enter he	ere and on					
23 For assets shown above and placed in service during the current year, enter							22			

the portion of the basis attributable to section 263A costs...... BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2021)